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CONTENTS.

UNITED STATES.

	Page.
Arrival at Reedy Island Quarantine of vessels from West Indian ports	2031
Arrival at Baltimore of vessels from West Indian and South American ports.....	2031
Reports from the Mexican border—	
Eagle Pass, Tex.; inspection service.....	2032
El Paso, Tex.; inspection service.....	2032
Statistical reports of States and cities of the United States; yearly and monthly...	2032
Quarantine reports	2034
Reports of inspection of immigrants.....	2040
Table—	
Smallpox in the United States.....	2041
Plague in the United States.....	2047
Weekly mortality of cities of the United States.....	2048
Temperature and rainfall.....	2049

FOREIGN AND INSULAR.

Brazil; sanitary reports from Rio de Janeiro.....	2051
British Honduras; report from Belize; fruit port.....	2052
Canada; inspection of immigrants at Quebec for the two weeks ended August 24, 1901.....	2053
China—	
Reports from Hongkong	2053
Further concerning plague in the province of Kwangtung, including Canton..	2054
Sanitary and quarantine regulations at Fuchau.....	2056
Colombia—	
Report from Bocas del Toro; fruit port.....	2057
Yellow fever at Bocas del Toro.....	2058
Costa Rica; report from Port Limon; fruit port.	2058
Cuba—	
Reports from Cienfuegos, Casilda, and Santa Cruz del Sur; a case of yellow fever at Cumanayagua.....	2059
Reports from Matanzas, Cardenas, Isabela de Sagua, and Caibarien	2060
Yellow fever reported in Matanzas.....	2061
Dysentery in the province of Matanzas.....	2061
Reports from Nuevitass, Puerto Padre, Gibara, and Barocoa	2062
Reports from Santiago, Manzanillo, Guatanamo, and Daiquiri.....	2062
England; report of the British Congress of Tuberculosis.....	2064
Germany; report from Berlin; plague in various countries.....	2074
Guatemala; reports from Livingston; fruit port	2076
Hawaiian Islands—	
Quarantine transactions on outgoing vessels.....	2077
Quarantine on outgoing vessels discontinued.....	2077
Monthly report.....	2077
Honduras—	
Reports from La Ceiba; fruit port.....	2078
Report from Puerto Cortez; fruit port.....	2079
Italy; report from Naples; smallpox and typhus fever.....	2079
Malta; quarantine measures against infectious diseases	2080
Mexico—	
Two cases of yellow fever from steamship Mathilda at Progreso.....	2082
Vessels inspected at Tampico for the four weeks ended August 18, 1901.....	2083
Mortality of the county of Vera Cruz from yellow fever, pernicious fever, remittent fever, and tuberculosis from January 1, 1899, to June 30, 1901.....	2084
Report from Vera Cruz, weekly.....	2085

	Page.
Nicaragua ; report from Bluefields ; fruit port.....	2086
Philippine Islands ; quarantine transactions of outgoing vessels.....	2087
Porto Rico ; report from Ponce.....	2087
Foreign and insular statistical reports of countries and cities ; yearly and monthly..	2087
Table—	
Cholera, yellow fever, plague, and smallpox.....	2089
Mortality, foreign and insular cities.....	2093

PUBLIC HEALTH REPORTS.

UNITED STATES.

Arrival at Reedy Island Quarantine of vessels from West Indian ports.

REEDY ISLAND QUARANTINE,
via Port Penn, Del., August 25, 1901.

SIR: Through the medical officer in command of national quarantine service on Delaware River and Bay, I have the honor to report the arrival at this station of the following vessels: August 18, 1901, American schooner *Montana*, from Baracoa, with fruit; no passengers; bill of health signed by Acting Asst. Surg. M. Lores Llorens; Norwegian steamship *Hebe*, from Havana via Cardenas and Matanzas, with sugar; no passengers; Havana bill of health signed by Surgeon Glennan; Cardenas bill of health signed by Acting Asst. Surg. E. Saez; Matanzas bill of health signed by P. A. Surg. G. M. Guitéras. August 20, 1901, British steamship *Manar*, from Fort de France via Cardenas, with sugar; no passengers; bill of health signed by Acting Asst. Surg. Enrique Saez. August 24, 1901, Norwegian steamship *Helga*, from Havana via Cienfuegos and Santiago, with ore; no passengers; Havana bill of health signed by Surgeon Glennan; Cienfuegos bill of health signed by Acting Asst. Surg. E. F. Nunez; Santiago bill of health signed by Assistant Surgeon Von Ezdorf.

Respectfully,

T. F. RICHARDSON,
Assistant Surgeon, U. S. M. H. S., In Command.

Arrival at Baltimore of vessels from West Indian and South American ports.

PORT OF BALTIMORE, MD., *August 31, 1901.*

SIR: I have the honor to report the arrival of the following vessels at this port for the week ended this day: August 26, British steamship *Drumgarth*, from Daiquiri, with ore; British steamship *Rokeby*, from Caleta Buena, Chile, with nitrate of soda; American schooner *Medford*, from Santiago de Cuba, with ore. August 29, Norwegian steamship *Dudley*, from Banes, Cuba, with fruit. August 28, American barkentine *Good News*, from Rio de Janeiro, with coffee. August 29, British steamship *Broadgarth*, from Daiquiri, with ore; British steamship *Endsleigh*, from Santiago de Cuba, with ore.

Respectfully,

WM. F. STONE,
Collector.

REPORTS FROM THE MEXICAN BORDER.

Eagle Pass, Tex.—Inspection service.—I have the honor to make the following report for the week ended August 24, 1901:

Date.	Number of persons.	Sanitary condition.	Condition of—		Where from.	Destination.
			Baggage.	Merchandise.		
Aug. 18 (a)	125	Good	Good	Good	Various points in Mexico.	Various points in United States.
Aug. 19 (b)	130	.....do.....	.....do.....	.....do.....	.....do.....	Do.
Aug. 20 (c)	123	.....do.....	.....do.....	.....do.....	.....do.....	Do.
Aug. 21 (d)	138	.....do.....	.....do.....	.....do.....	.....do.....	Do.
Aug. 22 (e)	136	.....do.....	.....do.....	.....do.....	.....do.....	Do.
Aug. 23 (f)	131	.....do.....	.....do.....	.....do.....	.....do.....	Do.
Aug. 24 (g)	137	.....do.....	.....do.....	.....do.....	.....do.....	Do.

a Fumigated 187 pieces of Pullman soiled linen.

b Fumigated 196 pieces of Pullman soiled linen.

c Fumigated 194 pieces of Pullman soiled linen.

d Fumigated 205 pieces of Pullman soiled linen.

e Fumigated 201 pieces of Pullman soiled linen.

f Held in camp 1 person from Vera Cruz, Mexico. Fumigated 178 pieces of Pullman linen.

g Fumigated 133 pieces of Pullman linen. Fumigated baggage of 1 person from Vera Cruz.

LEA HUME,

Sanitary Inspector, U. S. M. H. S.

El Paso, Tex., August 24, 1901—Inspection service.—I have the honor to transmit herewith summary of transactions at this station during the week ended August 24, 1901: Inspection Mexican Central Railroad passenger trains, 183 persons; special inspection of passengers from City of Mexico, 34 persons; inspection of Rio Grande and Pacific Railroad passengers, 18 persons; inspection of immigrants, 234 persons; disinfection of blankets, clothing, etc., 134 pieces; disinfection of soiled linen imported for laundry, 525 pieces; disinfection of Pullman soiled linen, 2,150 pieces.

E. ALEXANDER,

Acting Assistant Surgeon, U. S. M. H. S.

Statistical reports of States and cities of the United States—Yearly and monthly.

CONNECTICUT—*New Haven.*—Month of July, 1901. Estimated population, 108,000. Total number of deaths, 207, including diphtheria, 3; enteric fever, 5; measles, 1; whooping cough, 3, and 17 from tuberculosis.

MICHIGAN.—Reports to the State board of health, Lansing, for the week ended August 24, 1901, from 89 observers, indicate that bronchitis, cholera infantum, cholera morbus, erysipelas, intermittent fever, remittent fever, enteric fever, rheumatism, scarlet fever, and whooping cough were more prevalent and diphtheria and influenza were less prevalent than in the preceding week. Cerebro-spinal meningitis was reported present at 3, whooping cough at 9, measles at 9, diphtheria at 20, smallpox at 38, scarlet fever at 52, enteric fever at 99, and phthisis pulmonalis at 193 places.

The Monthly Bulletin of Vital Statistics says:

There were 2,470 deaths returned to the department of State as having occurred in Michigan during the month of July. This number is 12 more than the deaths reported for the preceding month and 39

less than the number of deaths during July, 1900. The death rate was 12.2 per 1,000 population.

There were 502 deaths of infants under 1 year of age, 155 deaths of children aged 1 to 4 years, inclusive, and 646 deaths of elderly persons over 65 years of age.

Important causes of death were as follows: Pulmonary tuberculosis, 155; other forms of tuberculosis, 21; typhoid fever, 27; diphtheria and croup, 16; scarlet fever, 7; measles, 9; whooping cough, 11; pneumonia, 63; diarrheal diseases of infants under 2 years, 252; cancer, 126; violence, 234. There were also 2 deaths from smallpox reported, 1 in St. Clair County and 1 in Saginaw County.

The month was a very favorable one. The number of deaths from infectious diseases was low, the principal increase in mortality coming from the larger cities of the State.

The number of deaths from diarrheal diseases more than doubled as compared with the preceding month, and the number of deaths from accidents and violence was larger than usual, chiefly on account of the large number of deaths from drowning, which numbered 72.

NEW HAMPSHIRE—*Franklin*.—Month of July, 1901. Census population, 5,843. Total number of deaths, 3. No deaths from contagious diseases reported.

OHIO.—Reports to the State board of health for the ten weeks ended August 10, 1901, from 66 localities, having an aggregate population of 1,265,850, show 29 deaths from diphtheria, 76 from enteric fever, 19 from measles, 9 from scarlet fever, and 8 from whooping cough.

Reports from national quarantine

Number.	Name of station.	Week ended.	Name of vessel.	Date of arrival.	Port of departure.
UNITED STATES:					
1	Alexandria, Va.....	Aug. 31	.....	.....	.....
2	Beaufort, N. C.....	do.....	.....	.....	.....
3	Brunswick, Ga.....	Aug. 24	.....	.....	.....
4	Cape Charles, Va.....	do.....	Br. ss. Glanystwyth.....	Aug. 24	Rio de Janeiro via St. Lucia.
5	Cape Fear, N. C.....	do.....	Nor. bk. Robert Scafton (a).	Aug. 15	Port Elizabeth.....
6	Columbia River, Oreg.....	Aug. 17	.....	.....	.....
7	Delaware Breakwater Quarantine, Lewes, Del.	Aug. 24	.....	.....	.....
8	Dutch Harbor, Alaska.....	Aug. 3	.....	.....	.....
9	Eureka, Cal.....	Aug. 17	.....	.....	.....
10	Fernandina, Fla.....	Aug. 24	.....	.....	.....
11	Grays Harbor, Wash.....	do.....	.....	.....	.....
12	Gulf Quarantine, Ship Island, Miss.	do.....	Am. sc. Oscar G (a).....	Aug. 16	Havana.....
			Am. sc. Otis.....	Aug. 18	do.....
			Mex. sc. El Polo Norte.....	Aug. 19	Vera Cruz and Montefrio.
			Am. sc. Magnolia.....	Aug. 24	Progreso.....
13	Los Angeles, Cal.....	do.....	.....	.....	.....
14	Miami, Fla.....	Aug. 17	.....	.....	.....
15	Mullet Key, Fla.....	Aug. 24	Swd. bk. Diana (a).....	Aug. 14	Port Elizabeth.....
			Am. sc. White Wings.....	Aug. 18	Matanzas.....
			Prov. barge Tinima.....	do.....	Nuevitas.....
			Am. sc. B. Frank Neally..	Aug. 20	Cardenas.....
16	Newbern, N. C.....	do.....	.....	.....	.....
17	Nome, Alaska.....	Aug. 10	U. S. S. Thetis.....	Aug. 4	San Francisco.....
18	Pascagoula, Miss.....	Aug. 24	.....	.....	.....
19	Pensacola, Fla.....	Aug. 17	.....	.....	.....
20	Port Angeles, Wash.....	do.....	.....	.....	.....
21	Port Townsend, Wash.....	do.....	U. S. F. C. ss. Albatross.....	Aug. 17	Sitka.....
22	Reedy Island, Del.....	Aug. 24	.....	.....	.....
23	San Diego, Cal.....	do.....	.....	.....	.....
24	San Francisco, Cal.....	Aug. 17	U. S. S. Petrel.....	Aug. 14	Yokohama.....
25	San Pedro, Cal.....	Aug. 31	U. S. S. Bennington.....	Aug. 16	Hongkong.....
26	Savannah, Ga.....	Aug. 24	Rus. bk. Concordia (a).....	Aug. 13	Cape Town.....
27	South Atlantic Quarantine, Blackbeard Island, Ga.	do.....	Uruguayan bk. Maria Blanquer (a).	July 30	Rio de Janeiro.....
28	Washington, N. C.....	do.....	.....	.....	.....
CUBA:					
29	Baracos.....	Aug. 17	.....	.....	.....
30	Batabano.....	Aug. 24	.....	.....	.....
31	Calbarien.....	Aug. 17	.....	.....	.....
32	Cardenas.....	do.....	.....	.....	.....

a Previously reported.

and inspection stations.

Number.	Destination.	Treatment of vessel, passengers, and cargo.	Date of departure.	Remarks.	Vessels inspected and passed.
1	.....	.....	.....	No report.....	.....
2	.....	.....	.....	do.....	.....
3	.....	.....	.....	.....	2
4	Norfolk.....	Held for disinfection.....	.....	.....	9
5	Wilmington.....	Disinfected.....	Aug. 21	Released on authority of Bureau telegram.	.....
6	.....	.....	.....	24 Lascars and 31 Chinese members of crew, and 1 white and 1 Chinese steerage passenger on Br. ss. Indrapura, and 2 Chinese members of crew on Br. bk. Sussex, from Hongkong, examined.	2
7	.....	.....	.....	.....	6
8	.....	.....	.....	No report.....	.....
9	.....	.....	.....	No transactions.....	.....
10	.....	.....	.....	.....	5
11	.....	.....	.....	.....	2
12	Pascagoula.....	Disinfected and held.....	Aug. 20	.....	3
13	do.....	do.....	Aug. 24	.....	.....
14	do.....	do.....	.....	.....	.....
15	Handsboro.....	do.....	.....	.....	.....
16	.....	.....	.....	No transactions.....	.....
17	.....	.....	.....	.....	1
18	Port Tampa.....	Held to discharge ballast and for disinfection.	.....	.....	1
19	Tampa.....	Held to complete five days.	Aug. 19	.....	11
20	Port Tampa.....	Washed down with bichloride of mercury.	do.....	.....	.....
21	Tampa.....	do.....	Aug. 20	.....	.....
22	.....	.....	.....	No transactions.....	.....
23	Nome.....	Boarded and passed.....	Aug. 4	.....	6
24	.....	.....	.....	.....	3
25	.....	.....	.....	No report.....	.....
26	Port Townsend.....	Being disinfected.....	.....	No transactions.....	.....
27	.....	.....	.....	1 case of smallpox on board developed at Sitka.	24
28	.....	.....	.....	Glandular region of all Orientals on Am. ss. Olympia and Br. ss. Kaisen, from Hongkong, examined.	.....
29	.....	.....	.....	.....	24
30	San Francisco.....	Boarded and passed.....	Aug. 14	No report.....	19
31	.....	.....	.....	Oriental members of crew of U. S. Army transport Sumner bathed and effects disinfected; physical examination of Orientals on ss. City of Peking, from Yokohama. Case of modified smallpox at Yokohama.	.....
32	do.....	do.....	Aug. 16	.....	.....
33	.....	.....	.....	No report.....	.....
34	Savannah.....	Disinfected twice.....	.....	Sand ballast removed; rock ballast dipped.	6
35	Brunswick.....	Held for observation after disinfection.	.....	.....	.....
36	.....	.....	.....	No transactions.....	.....
37	.....	.....	.....	.....	.....
38	.....	.....	.....	No report.....	.....
39	.....	.....	.....	do.....	.....
40	.....	.....	.....	.....	8
41	.....	.....	.....	8 vessels passed without inspection.	4

Reports from national quarantine

Number.	Name of station.	Week ended.	Name of vessel.	Date of arrival.	Port of departure
	CUBA—Continued.				
33	Castida.....	Aug. 17			
34	Cienfuegos.....	do.....	Sp. ss. Maria de Larri- naga.....	Aug. 13	Liverpool.....
			Sp. ss. Leonora.....	Aug. 15	do.....
35	Daiquiri.....	Aug. 10			
36	Gibara.....	Aug. 17			
37	Guantanamo.....	Aug. 10			
38	Havana.....	Aug. 17	Am. ss. Chalmette..... Prov. flag barge San Fer- nando..... Am. ss. Excelsior.....	Aug. 14 Aug. 15 Aug. 16	Caibarien..... Tampa..... New Orleans.....
39	Isabela de Sagua.....	do.....			
40	Manzanillo.....	Aug. 10			
41	Matanzas.....	Aug. 24			
42	Nuevitas.....	Aug. 17			
43	Puerto Padre.....	do.....			
44	Santa Cruz.....	do.....			
45	Santiago de Cuba.....	Aug. 10	Nor. ss. Transit.....	Aug. 5	Mobile.....
	HAWAII:				
46	Hilo.....	do.....			
47	Honolulu.....	Aug. 17			
48	Kahului.....	do.....			
49	Kihel.....	Aug. 10			
	PHILIPPINES:				
50	Cebu.....	July 13			
51	Iloilo.....	July 20			
52	Manila.....	do.....			
	PORTO RICO:				
53	Ponce.....	Aug. 17			
54	San Juan.....	do.....	Fr. ss. Olinde Rodriguez..	Aug. 16	St. Marc.....
	Subports—				
55	Aguadilla.....	do.....			
56	Arecibo.....	do.....			
57	Arroyo.....	do.....			
58	Fajardo.....	do.....			
59	Humacao.....	do.....			
60	Mayaguez.....	do.....			

and inspection stations—Continued.

Number.	Destination.	Treatment of vessel, passengers, and cargo.	Date of departure.	Remarks.	Vessels inspected and passed.
33					13
34	Ports in United States.	Disinfected.....		3 vessels passed without inspection.	8
35	Pensacola.....	do.....			1
36				No report.....	2
37				2 vessels passed without inspection.	22
38	New Orleans.....	Disinfected.....	Aug. 14		
	Tampa.....	Partially disinfected.....	Aug. 15		
	New Orleans.....	Disinfected.....	Aug. 17	1 case malarial fever removed.	3
39				8 vessels passed without inspection.	3
40				3 vessels passed without inspection.	3
41				No report.....	
42				do.....	3
43				do.....	11
44				3 vessels passed without inspection.	
45	Santiago.....	Disinfected.....	Aug. 5	No report.....	
46				do.....	
47				do.....	
48				do.....	
49				do.....	
50				do.....	
51				do.....	
52				do.....	
53				do.....	
54	Havre.....	Held in quarantine.....	Aug. 17	44 pieces of baggage and 3 sacks of mail from Haiti and Santo Domingo disinfected.	1
55				No report.....	
56				do.....	
57				do.....	
58				do.....	
59				do.....	
60				do.....	

Reports from State and

Number.	Name of station.	Week ended.	Name of vessel.	Date of arrival.	Port of departure.
1	Anclote, Fla.....	Aug. 31	.....	.....	.....
2	Baltimore, Md.....	do.....	.....	.....	.....
3	Bangor, Me.....	do.....	.....	.....	.....
4	Boca Gran de, Fla.....	Aug. 10	.....	.....	.....
		Aug. 17	Sp. ss. Maria.....	Aug. 12	Arroyo.....
		Aug. 24	.....	.....	.....
5	Boston, Mass.....	Aug. 31	.....	.....	.....
6	Carrabelle, Fla.....	do.....	.....	.....	.....
7	Cedar Keys, Fla.....	do.....	.....	.....	.....
8	Charleston, S. C.....	Aug. 24	.....	.....	.....
9	Charlotte Harbor, Fla.....	Aug. 31	.....	.....	.....
10	Elizabeth River, Va.....	do.....	.....	.....	.....
11	Galveston, Tex.....	Aug. 24	Sp. ss. Maria de Larrinaga. Br. ss. Wandby.....	Aug. 19	Cienfuegos..... Cape Town.....
12	Gardiner, Oreg.....	do.....	.....	.....	.....
13	Key West, Fla.....	Aug. 10	Am. barge Admiral Trompe. Am. sc. B. Frank Neally.....	Aug. 5	Havana.....
			Am. barge Admiral Trompe. Am. sc. Dr. Lykes.....	Aug. 7	do.....
		Aug. 24	Am. barge Admiral Trompe. Br. ss. Grayfield.....	Aug. 18	do..... Calbarien.....
14	Marcus Hook, Pa.....	do.....	.....	Aug. 2	.....
15	Mayport, Fla.....	Aug. 24	.....	Aug. 20	Bocas del Toro.....
16	Mobile Bay, Ala.....	Aug. 21	Nor. ss. John Wilson..... Nor. ss. Banes..... Nor. ss. Tjomo..... Ss. Columba..... Nor. ss. Normandle..... Nor. ss. Europa.....	Aug. 21 do. do. Aug. 23 Aug. 24 do.	do..... Matanzas..... Port Limon..... Progreso..... Nuevitas.....
17	New Bedford, Mass.....	Aug. 31	.....	.....	.....
18	New Orleans, La.....	Aug. 24	.....	.....	.....
19	Newport News, Va.....	Aug. 31	.....	.....	.....
20	Newport, R. I.....	do.....	.....	.....	.....
21	New York, N. Y.....	do.....	.....	.....	.....
22	Pass Cavallo, Tex.....	do.....	.....	.....	.....
23	Port Royal, S. C.....	do.....	.....	.....	.....
24	Providence, R. I.....	do.....	.....	.....	.....
25	Quintana, Tex.....	do.....	.....	.....	.....
26	Sabine Pass, Tex.....	Aug. 24	Br. sc. Sirocco..... Sc. Elsie A. Bayles..... Sc. John S. Davis.....	Aug. 18 Aug. 21 Aug. 23	Havana..... Campeche..... Vera Cruz.....
27	St. Helena Entrance, S. C.....	Aug. 31	.....	.....	.....
28	Tampa Bay, Fla.....	do.....	.....	.....	.....

municipal quarantine stations.

Number.	Destination.	Treatment of vessel, passengers, and cargo.	Date of departure.	Remarks.	Vessels inspected and passed.
1				No report.	
4	Punto Gorda.	Detained to complete five days.	Aug. 14		6 1
5				No report.	1
6				do	
7				do	4
8				No report.	
9				do	
10	Galveston	Fumigated and held.	Aug. 24		4
11	do.	do		To be discharged Aug. 29.	
12				No report	
13	Key West	Disinfection completed			9
	do.	do			
	do.	Living quarters and hold disinfected.			
	do.	Disinfection completed.			
	do.	Disinfected and passed.			7
14	Norfolk	Disinfected.	Aug. 22	4 spoken and passed.	31
15					1
16	Mobile.	Disinfected.	Aug. 20		7
	do	do	Aug. 21		
	do	Disinfected and held.	Aug. 23		
	do	do	do		
	do	Disinfected and held.	Aug. 25		
	do	Held.	do		
17				No report.	
18				do	
19				do	
20				do	
21				do	
22				do	
23				do	
24				do	
25				do	
26	Sabine	Disinfected and held.	Aug. 24		3
	do	do	do		
	do	do	do		
27				No report.	
28				do	

Report of immigrants inspected at the port of New York, N. Y., during the month of July, 1901.

Total number of immigrants inspected, 32,653; number passed, 32,405; number certified for deportation on account of dangerous contagious or loathsome diseases, or for other physical causes, 248.

Disposition of immigrants certified for deportation.—Number of cases pending at beginning of month, 41; number cases certified for deportation during month, 248; total to be accounted for, 289; number cases deported, 66; number cases admitted, 201; number cases pending at close of month, 22. C. S. PECKHAM, Surgeon, U. S. M. H. S.

Report of immigration at Boston during week ended August 24, 1901.

OFFICE OF U. S. COMMISSIONER OF IMMIGRATION,
Port of Boston, August 26, 1901.

Number of alien immigrants who arrived at this port during the week ended August 24, 1901; also names of vessels and ports from which they came.

Date.	Vessel.	Where from.	No. of immigrants.
Aug. 17	Steamship Etna.....	St. Lucia, West Indies.....	1
Aug. 18	Steamship Prince George.....	Yarmouth, Nova Scotia.....	181
Aug. 19	Steamship Admiral Farragut.....	Port Morant, Jamaica.....	11
Do....	Steamship Olivette.....	Halifax, Nova Scotia.....	40
Do....	Steamship Prince Arthur.....	Yarmouth, Nova Scotia.....	13
Do....	Steamship Daltonhall.....	Rotterdam, Netherlands.....	2
Aug. 20	Steamship Boston.....	Yarmouth, Nova Scotia.....	34
Do....	Steamship Winfredian.....	Liverpool, England.....	7
Aug. 21	Steamship Prince George.....	Yarmouth, Nova Scotia.....	53
Aug. 22	Steamship Ethelred.....	Puerto Plata, Santo Domingo.....	3
Do....	Steamship Prince Arthur.....	Yarmouth, Nova Scotia.....	115
Do....	Steamship Boston.....	.....do.....	34
Do....	Steamship Turcoman.....	Liverpool, England.....	1
Do....	Steamship Martello.....	Hull, England.....	1
Aug. 23	Steamship Commonwealth.....	Liverpool, England.....	592
Do....	Steamship Prince George.....	Yarmouth, Nova Scotia.....	61
Do....	Steamship Yarmouth.....	Halifax, Nova Scotia.....	79
Aug. 24	Steamship Prince Arthur.....	Yarmouth, Nova Scotia.....	82
Total.....			1,310

GEORGE B. BILLINGS, Commissioner.

Report of immigration at New York for the week ended August 24, 1901.

OFFICE OF U. S. COMMISSIONER OF IMMIGRATION,
Port of New York, August 27, 1901.

Number of alien immigrants who arrived at this port during the week ended August 24, 1901; also names of vessels and ports from which they came.

Date.	Vessel.	Where from.	No. of immigrants.
Aug. 19	Steamship Furnessia.....	Glasgow.....	104
Do....	Steamship Cymric.....	Liverpool and Queenstown.....	181
Do....	Steamship Lombardia.....	Genoa and Naples.....	508
Do....	Steamship La Gascogne.....	Havre.....	415
Do....	Steamship Maadam.....	Rotterdam.....	540
Aug. 20	Steamship Friesland.....	Antwerp.....	541
Do....	Steamship Kaiser Wilhelm der Grosse.....	Bremen.....	554
Aug. 21	Steamship Grosser Kurfurst.....	.....do.....	495
Aug. 22	Steamship Sardinian.....	Glasgow.....	38
Do....	Steamship Teutonic.....	Liverpool and Queenstown.....	307
Aug. 23	Steamship Patricia.....	Hamburg.....	405
Do....	Steamship Fürst Bismarck.....	.....do.....	199
Aug. 24	Steamship St. Paul.....	Southampton.....	287
Do....	Steamship Buffon.....	Rio de Janeiro.....	40
Total.....			4,614

THOMAS FITCHIE, Commissioner.

Smallpox in the United States as reported to the Surgeon-General United States Marine-Hospital Service, June 28, 1901, to September 6, 1901.

[For reports received from December 28, 1900, to June 28, 1901, see PUBLIC HEALTH REPORTS for June 28, 1901.]

Place.	Date.	Cases.	Deaths.	Remarks.
Alabama:				
Mobile County.....	July 8.....	6		
Total for State, same period, 1900.		0		
Alaska:				
Kluckwan	July 26.....			Reported.
Total for Territory, same period, 1900.		28	1	
California:				
Los Angeles.....	June 2-July 20...	12		
San Francisco.....	July 1-Aug. 25...	10		
Total for State		22		
Total for State, same period, 1900.		2		
Colorado:				
Arapahoe County.....	May 1-July 31...	74		
Bent County.....	do.....	9		
Boulder County.....	do.....	28		
Chaffee County.....	do.....	2		
Clear Creek County.....	do.....	3		
Costilla County.....	do.....	6		
Custer County.....	do.....	2		
Delta County.....	do.....	17		
Douglas County.....	do.....	10		
El Paso County.....	do.....	20		
Fremont County.....	do.....	2		
Garfield County.....	do.....	6		
Gilpin County.....	do.....	1		
Gunnison County.....	do.....	1		
Jefferson County.....	do.....	9		
Kit Carson County.....	do.....	1		
Lake County.....	do.....	18		
La Plata County.....	do.....	7		
Larimer County.....	do.....	1		
Las Animas County.....	do.....	9		
Mesa County.....	do.....	2		
Mineral County.....	do.....	41		
Montrose County.....	do.....	12		
Morgan County.....	do.....	2		
Otero County.....	do.....	9		
Ouray County.....	do.....	9		
Park County.....	do.....	9		
Pitkin County.....	do.....	5		
Prowers County.....	do.....	2		
Pueblo County.....	do.....	7		
Rio Grande County.....	do.....	6		
Routt County.....	do.....	9		
Saguache County.....	do.....	11		
San Juan County.....	do.....	12		
San Miguel County.....	do.....	1		
Summit County.....	do.....	10		
Teller County.....	do.....	42		
Washington County.....	do.....	5		
Weld County.....	do.....	8		
Total for State		428		
Total for State, same period, 1900.		97		
District of Columbia:				
Washington	June 16-July 13...	2		
Total for District, same period, 1900.		24		
Georgia:				
Pickens County.....	July 1-Aug. 10...	37		
Illinois:				
Chicago.....	June 23-Aug. 17...	14		
Fairport.....	Aug. 18-Aug. 24...	1		
Peoria.....	June 1-July 31...	54		
Springfield.....	do.....	6		
Total for State.....		75		
Total for State, same period, 1900.		121		

Smallpox in the United States, etc.—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Indiana:				
Adams County.....	June 1-July 31...	42		
Allen County.....	do.....	12	1	
Cass County.....	do.....	3		
Clinton County.....	do.....	20	1	
Davies County.....	do.....	27	1	
Dearborn County.....	do.....	4		
De Kalb County.....	do.....	7		
Jay County.....	do.....	1		
Kosciusko County.....	do.....	11		
Laporte County.....	do.....	6	1	
Marion County.....	do.....	6		
Montgomery County.....	do.....	1		
Ohio County.....	do.....	6		
Owen County.....	do.....	1		
Porter County.....	do.....	3		
Posey County.....	do.....	4		
Randolph County.....	do.....	3		
Spencer County.....	do.....	12		
Switzerland County.....	do.....	11		
Tippecanoe County.....	do.....	32		
Total for State.....		212	4	
Total for State, same period, 1900.		130	5	
Iowa:				
Clinton.....	June 16-June 22...	1		
Ottumwa.....	June 2-June 29...	8		
Total for State.....		9		
Total for State, same period, 1900.		12		
Kansas:				
Allen County.....	June 1-July 31...	23		
Anderson County.....	do.....	1		
Barber County.....	do.....	2		
Barton County.....	do.....	43	1	
Bourbon County (Fort Scott).....	do.....	26		
Chautauqua County.....	do.....	1		
Cherokee County.....	do.....	32	1	
Clark County.....	do.....	4		
Clay County.....	do.....	3		
Cloud County.....	do.....	1		
Crawford County.....	do.....	122		
Douglas County.....	do.....	5		
Greenwood County.....	do.....	4	1	
Hamilton County.....	do.....	2		
Jefferson County.....	do.....	27		
Labette County.....	do.....	25		
Lane County.....	do.....	6		
Leavenworth County.....	do.....	4		
Meade County.....	do.....	5		
Montgomery County.....	do.....	2		
Ness County.....	do.....	11		
Ottawa County.....	do.....	5		
Pottawatomie County.....	do.....	2		
Reno County.....	do.....	1		
Shawnee County.....	do.....	6		
Stevens County.....	do.....	8		
Sumner County.....	do.....	17		
Sedgwick County (Wichita).....	do.....	18	1	
Washington County.....	do.....	3		
Total for State.....		410	4	
Total for State, same period, 1900.		32	1	
Kentucky:				
Lexington.....	June 23-June 29...	1		
Total for State, same period, 1900.		32		
Louisiana:				
New Orleans.....	June 16-July 20...	9	1	
Shreveport.....	July 14-July 24...	1	1	
Total for State.....		10	2	
Total for State, same period, 1900.		144	39	

Smallpox in the United States, etc.—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Massachusetts:				
Boston.....	July 7-Aug. 31...	15	3	
Fall River.....	June 23-July 13...	14	1	
Fitchburg.....	June 2-June 8...	1		
Gloucester.....	July 17.....	1		
Holyoke.....	July 7-July 13...	1		
New Bedford.....	July 1-July 13...	1	1	
Quincy.....	June 16-June 22...	1		
Waltham.....	June 23-June 29...	1		
Worcester.....	June 15-July 5...	5	3	
Total for State.....		40	8	
Total for State, same period, 1900.		21		
Michigan:				
Houghton County.....	July 1-July 13...			Smallpox present.
Isabella County.....	do.....			Do.
Kent County (Grand Rapids).....	do.....			Do.
Mackinac County.....	do.....			Do.
Mason County.....	do.....			Do.
Oscoda County.....	do.....			Do.
Saginaw County.....	do.....			Do.
Van Buren County.....	do.....			Do.
Wayne County (Detroit).....	do.....			Do.
Total for State.....				
Total for State, same period, 1900.		18	1	
Minnesota:				
Aitkin County.....	June 17-Aug. 12...	31		
Anoka County.....	do.....	16		
Becker County.....	do.....	12		
Beltrami County.....	do.....	65		
Benton County.....	do.....	24		
Big Stone County.....	do.....	11		
Blue Earth County.....	do.....	4		
Brown County.....	do.....	16		
Carlton County.....	do.....	29	1	
Carver County.....	do.....	5		
Cass County.....	do.....	20	2	
Chippewa County.....	do.....	3		
Clay County.....	do.....	16	1	
Cook County.....	do.....	26		
Cottonwood County.....	do.....	2		
Crow Wing County.....	do.....	57		
Dakota County.....	do.....	2		
Dodge County.....	do.....	2		
Douglas County.....	do.....	26		
Fillmore County.....	do.....	14		
Freeborn County.....	do.....	4		
Goodhue County.....	do.....	1		
Hennepin County (Minneapolis).....	do.....	34		
Houston County.....	do.....	8		
Hubbard County.....	do.....	6		
Isanti County.....	do.....	1		
Itasca County.....	do.....	10		
Jackson County.....	do.....	1		
Kanabec County.....	do.....	2		
Kittson County.....	do.....	12		
Lesueur County.....	do.....	8		
Lyon County.....	do.....	10		
Martin County.....	do.....	1		
Meeker County.....	do.....	3		
Millelacs County.....	do.....	3		
Morrison County.....	do.....	12		
Murray County.....	do.....	1		
Nicollet County.....	do.....	3		
Norman County.....	do.....	43		
Olmsted County (Rochester).....	do.....	42		
Ottertail County.....	do.....	43		
Pine County.....	do.....	62	1	
Pipestone County.....	do.....	1		
Polk County.....	do.....	75		
Pope County.....	do.....	19	1	
Ramsey County (St. Paul).....	do.....	18		
Red Lake County.....	do.....	13		
Red Wood County.....	do.....	19	2	
Renville County.....	do.....	8		
Rice County.....	do.....	56	1	
Rock County.....	do.....	2		

Smallpox in the United States, etc.—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Minnesota—Continued.				
Roseau County.....	June 17-Aug. 12...	1		
St. Louis County (Duluth)....	do	110	3	
Sherburne County.....	do	3		
Sibley County.....	do	28		
Stearns County.....	do	114		
Steele County.....	do	14		
Stevens County.....	do	6		
Todd County.....	do	4		
Traverse County.....	do	10		
Wabasha County.....	do	8	1	
Wadena County.....	do	8		
Waseca County.....	do	4		
Washington County.....	do	40		
Winona County (Winona).....	do	21	1	
Total for State.....		1,272	11	
Total for State, same period, 1900.....		280	3	
Missouri:				
St. Louis.....	June 17-Aug. 25...	96	1	
Nebraska:				
Omaha.....	June 16-Aug. 30...	27		
South Omaha.....	June 25-July 31...	19		
Total for State.....		46		
Total for State, same period, 1900.....		6		
New Hampshire:				
Manchester.....	June 16-July 13...	3		
Nashua.....	July 21-Aug. 3...	3		
Total for State.....		6		
Total for State, same period, 1900.....		12		
New Jersey:				
Jersey City.....	June 17-Aug. 18...	10	1	
Newark, including Essex County.....	July 1-Aug. 24...	32	6	
Total for State.....		42	7	
Total for State, same period, 1900.....		5		
New York:				
Buffalo.....	June 25-July 27...	8	3	
Dunkirk.....	July 1-July 6...	1		
Elmira.....	June 16-Aug. 17...	9		
Gowanda.....	July 29.....	7		
New York.....	June 23-Aug. 24...	466	129	
Rochester.....	July 1-July 31...	5		
Total for State.....		496	132	
Total for State, same period, 1900.....		7	2	
North Carolina:				
Alamance County.....	May 1-June 30...	1		
Buncombe County.....	do	26		
Burke County.....	do	9		
Cabarrus County.....	do	7		
Caswell County.....	do	13		
Chatham County.....	do	4		
Cleveland County.....	do	14		
Cumberland County.....	do	22		
Durham County.....	do	20		
Gaston County.....	do	14		
Greene County.....	do	2		
Guilford County.....	do	1		
Johnston County.....	do	19		
McDowell County.....	do	5		
Mecklenburg County.....	do	23		
Orange County.....	do	24		
Person County.....	do	78		
Polk County.....	do	2		
Robeson County.....	do	2		
Rockingham County.....	do	4		
Rowan County.....	do	3		
Sampson County.....	do	1		
Stanly County.....	do	5		

Smallpox in the United States, etc.—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
North Carolina—Continued.				
Wake County.....	May 1-June 30...	19		Several cases.
Wayne County.....	do			
Total for State.....		318		
Total for State, same period, 1900.		440		
North Dakota:				
Bismarck.....	July 14-July 20...	1		
Buffalo.....	July 1-July 6...	2		
Fargo.....	July 7-July 13...	1		
Fisher.....	do	1		
Glasston.....	July 1-July 6...	5		
Kensal.....	July 7-July 13...	1		
Lakota.....	July 1-July 6...	2		
Lidgerwood.....	do	2		
Mayville.....	July 14-July 20...	1		
Valley City.....	July 1-July 6...	12		
Total for State.....		28		
Total for State, same period, 1900.		16	2	
Ohio:				
Adams County.....	Jan. 1-July 31...	27	1	
Allen County.....	do	8		
Ashland County.....	do	15		
Ashtabula County.....	do	31		
Athens County.....	do	19		
Auglaize County.....	do	5		
Belmont County.....	do	44		
Brown County.....	do	7		
Carroll County.....	do	1		
Champaign County.....	do	6	1	
Clark County.....	do	6		
Clermont County.....	June 1-July 31...	1		
Columbiana County.....	Jan. 1-July 31...	2		
Coshocton County.....	do	81		
Crawford County.....	do	23		
Cuyahoga County (Cleveland)	Jan. 1-Aug. 21...	1,310	18	
Defiance County.....	Jan. 1-July 31...	21		
Delaware County.....	do	4		
Erie County.....	do	5		
Fairfield County.....	do	1		
Franklin County.....	do	46		
Gallia County.....	do	64	1	
Geauga County.....	do	29		
Greene County.....	do	2		
Guernsey County.....	do	13		
Hamilton County (Cincinnati)	Jan. 1-Aug. 2...	82	1	
Hancock County.....	Jan. 1-July 31...	8		
Hardin County.....	do	206		
Harrison County.....	do	9		
Henry County.....	do	11		
Hocking County.....	do	6	2	
Huron County.....	do	44	1	
Jackson County.....	do	82		
Jefferson County.....	do	32	1	
Knox County.....	do	1		
Lake County.....	do	17	1	
Lawrence County.....	do	90		
Logan County.....	June 1-July 31...	1		
Lorain County.....	Jan. 1-July 31...	78	2	
Lucas County (Toledo).....	do	22		
Mahoning County.....	Jan. 1-June 1...	6		
Marion County.....	do	1		
Mercer County.....	do	1		
Monroe County.....	June 1-July 31...	64	1	
Montgomery County.....	Jan. 1-July 31...	13	1	
Morgan County.....	do	1		
Ottawa County.....	do	34	1	
Paulding County.....	do	38		
Perry County.....	do	57		
Pike County.....	do	2		
Portage County.....	do	24		
Putnam County.....	do	17		
Richland County.....	do	71	1	
Sandusky County.....	June 1-July 31...	1		
Scioto County.....	Jan. 1-July 31...	171	2	
Seneca County.....	do	7		
Shelby County.....	do	76		
Stark County.....	do	10	2	

Smallpox in the United States, etc.—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Ohio—Continued.				
Summit County.....	Jan. 1–July 31...	2	1	
Trumbull County.....	do.....	15	1	
Tuscarawas County.....	do.....	4		
Van Wert County.....	do.....	15		
Vinton County.....	do.....	32	1	
Washington County.....	do.....	72	1	
Williams County.....	do.....	91		
Wood County.....	do.....	171	1	
Wyandot County.....	do.....	1		
Total for State.....		3,417	42	
Total for State, same period, 1900.		1,361	17	
Oregon:				
Portland.....	June 1–June 30...	8		
Total for State, same period, 1900.		10		
Pennsylvania:				
Allegheny County (including Pittsburg).....	Feb. 1–Aug. 27...	103	1	
Armstrong County.....	do.....	1		
Bedford County.....	do.....	25		
Berks County.....	do.....	3		
Blair County.....	do.....	2		
Butler County.....	do.....	2		
Cumberland County.....	do.....	16		
Dauphin County (including Harrisburg).....	do.....	248		
Delaware County.....	do.....	32		
Erie County.....	do.....	31		
Fayette County.....	do.....	3		
Franklin County.....	do.....	51		
Greene County.....	do.....	2		
Lancaster County.....	do.....	9		
Lawrence County.....	do.....	50		
Lebanon County (including Lebanon).....	Feb. 1–Aug. 25...	158	3	
Luzerne County.....	Feb. 1–Aug. 27...	45	3	
Lycoming County (including Williamsport).....	do.....	101		
McKean County.....	do.....	8		
Mercer County.....	do.....	13	2	
Perry County.....	do.....	17		
Philadelphia County (in- cluding Philadelphia).....	Feb. 1–Aug. 31...	98	4	
Schuylkill County.....	July 27–Aug. 12...	1		
Tioga County.....	Feb. 1–July 27...	5		
Venango County.....	do.....	1		
Warren County.....	do.....	1		
Washington County.....	do.....	12		
Westmoreland County.....	Feb. 1–Aug. 27...	27		
York County.....	do.....	12		
Total for State.....		1,077	13	
Total for State, same period, 1900.		10		
Rhode Island:				
Providence.....	June 23–July 6...	3		
Total for State, same period, 1900.		0		
Tennessee:				
Knoxville.....	June 1–June 30...	8	1	
Memphis.....	June 23–Aug. 3...	11		
Nashville.....	July 1–July 6...	3		
Total for State.....		22	1	
Total for State, same period, 1900.		0		
Texas:				
Jasper County.....	June 17–July 17...		2	
San Antonio.....	July 1–July 31...	5		
Total for State.....		5	2	
Total for State, same period, 1900.		565	4	

Smallpox in the United States, etc.—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Utah:				
Ogden.....	July 1-July 31...	1		
Salt Lake City.....	June 16-Aug. 24...	26		
Total for State.....		27		
Total for State, same period, 1900.		19		
Virginia:				
Roanoke.....	June 1-June 30...	1		
Total for State, same period, 1900.		26	1	
Washington:				
Clallam County.....	June 18.....	3		
Seattle.....	June 1-July 31...	20	3	
Tacoma.....	June 18-Aug. 11...	15		
Total for State.....		38	3	
Total for State, same period, 1900.		35		
West Virginia:				
Berkeley County.....	July 21.....	9		
Wheeling.....	June 16-June 29...	2		
Total for State.....		11		
Total for State, same period, 1900.		0		
Wisconsin:				
Ashland County.....	Aug. 1-Aug. 8...	1		
Brown County.....	Aug. 18-Aug. 24...	3		
Clark County.....	Aug. 1-Aug. 8...	17		
Douglas County.....	do.....	3		
Dunn County.....	do.....	6		
Kewaunee County.....	do.....	1		
Marathon County.....	do.....	2		
Showano County.....	do.....	8		
Winnebago County.....	do.....	5		
Eighty places.....	May 5-May 31...	347	0	
Sixty-seven places.....	June 1-June 30...	288	3	
Fifty-two places.....	July 1-July 31...	268	0	
Nine places.....	Aug. 1-Aug. 8...	35	8	
Total for State.....		984	19	
Grand total.....		9,149	250	
Grand total, same period, 1900.		3,780	113	

Plague in the United States as reported to the Surgeon-General, United States Marine-Hospital Service, from June 28, 1901, to September 6, 1901.

[For reports received from January 1, 1901 to June 28, 1901, see PUBLIC HEALTH REPORTS for June 28, 1901.]

PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
California:				
San Francisco.....	July 6.....	1	1	
Do.....	July 9.....	3	2	
Do.....	July 11.....	1	1	

Weekly mortality table, cities of the United States.

Cities.	Week ended.	Population, U. S. census of 1900.	Total deaths from all causes.	Deaths from—								
				Tuberculosis.	Yellow fever.	Smallpox.	Varicoid.	Cholera.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.
												Measles.
												Whooping cough.
Allegheny, Pa.	Aug. 24	129,896	54	5	1				3	1	2	1
Baton Rouge, La.	do.	11,269	12	3	2							
Burlington, Vt.	do.	18,641	33	1								
Cambridge, Mass.	do.	91,886	10	1								
Chelsea, Mass.	do.	34,072	7	1								
Clinton, Iowa.	do.	22,698	8									
Clinton, Mass.	do.	13,667	7	1								
Dunkirk, N. Y.	do.	11,616	8									
Elmira, N. Y.	do.	35,672	12	1					1	1		
Erie, Pa.	do.	52,733	16	1								
Evansville, Ind.	do.	59,007	17	4								
Everett, Mass.	do.	24,336	7									
Freeport, Ill.	do.	13,258	4									
Galesburg, Ill.	do.	18,607	3									
Green Bay, Wis.	do.	18,684	8						1			
Greenville, S. C.	do.	11,860	2							2		
Jersey City, N. J.	do.	206,433	79	12					1		1	1
Johnstown, Pa.	do.	35,936	19	1								
Lawrence, Mass.	do.	62,559	26						1			
Lexington, Ky.	do.	26,369	9	1					1			
McKeesport, Pa.	do.	34,227	10	1					2			
Malden, Mass.	do.	33,664	8	1								
Manchester, N. H.	do.	56,987	19	3								
Marlboro, Mass.	do.	14,619	2									
Massillon, Ohio.	do.	11,944	1									
Memphis, Tenn.	do.	102,320	33	3					1			
Michigan City, Ind.	Aug. 26	14,850	4									
Milwaukee, Wis.	Aug. 24	285,315	88	3					2			
Newark, N. J.	do.	246,070	122	12	2							
New Bedford, Mass.	do.	62,442	2									
New Orleans, La.	do.	287,104	121	17					4			
Newport, R. I.	do.	22,034	9									
Northampton, Mass.	do.	18,613	5									
Omaha, Nebr.	do.	102,555	33									
Oneonta, N. Y.	do.	7,147	0									
Pittsburg, Pa.	do.	321,616	137	2		1			15	4	3	1
Plainfield, N. J.	do.	15,369	5	1								
Portland, Me.	do.	50,145	5									
Quincy, Mass.	do.	23,899	7									
Reading, Pa.	Aug. 26	78,961	21									
Sacramento, Cal.	Aug. 24	29,282	8						1			
Salem, Mass.	do.	35,956	10									
Salt Lake City, Utah.	do.	53,531	18	1					2			
Shreveport, La.	do.	16,013	8	2								
South Bend, Ind.	do.	35,999	10									
Springfield, Mass.	do.	67,059	20	2								
Steelton, Pa.	Aug. 17	12,068	2									
do.	Aug. 24	12,068	3	1								
Waltham, Mass.	do.	23,481	6									
Warren, Ohio.	do.	8,529	3									
Washington, D. C.	do.	278,718	115	15					8	1	2	1
Weymouth, Mass.	Aug. 17	11,324	6									
do.	Aug. 24	11,344	4									
Wheeling, W. Va.	do.	11,344	7	1								
Wichita, Kans.	do.	38,878	9						1			
Winona, Minn.	do.	24,671	3									
Worcester, Mass.	do.	19,714	3									
do.	do.	118,421	40	2								

Table of temperature and rainfall, week ended September 2, 1901.

[Received from Department of Agriculture, Weather Bureau.]

Locality.	Temperature in degrees Fahrenheit.			Rainfall in inches and hundredths.		
	Normal.	Excess.	Deficiency.	Normal.	Excess.	Deficiency.
Atlantic Coast:						
Eastport, Me.....	59	5		.75		.75
Portland, Me.....	64	2		.75		.55
Northfield, Vt.....	59	7		.91		.21
Boston, Mass.....	66	2		.82		.62
New Haven, Conn.....	68	0		.97		.27
Albany, N. Y.....	68	4		.84		.14
New York, N. Y.....	70	4		.98		.38
Harrisburg, Pa.....	69	1		.98		.78
Philadelphia, Pa.....	71	3		.89		.19
New Brunswick, N. J.....	68	4		.99		.89
Atlantic City, N. J.....	70	2		.93		.73
Baltimore, Md.....	72	0		.91	.49	
Washington, D. C.....	72	0		.86		.39
Lynchburg, Va.....	73		1	.99	.41	
Cape Henry, Va.....	75			1.17		
Norfolk, Va.....	74	2		1.24	.76	
Charlotte, N. C.....	73	1		1.05	1.55	
Raleigh, N. C.....	72	4		1.24		1.04
Kittyhawk, N. C.....	77			1.33		
Hatteras, N. C.....	76	2		1.47		1.27
Wilmington, N. C.....	76	2		1.61		.21
Columbia, S. C.....	79			1.33	.17	
Charleston, S. C.....	79	1		1.62		.72
Augusta, Ga.....	77	1		1.12	2.18	
Savannah, Ga.....	79		1	1.66		.46
Jacksonville, Fla.....	80	0		1.50		.80
Jupiter, Fla.....	81		1	1.51	1.79	
Key West, Fla.....	84		2	1.31		1.01
Gulf States:						
Atlanta, Ga.....	74	0		.99		.49
Tampa, Fla.....	81		1	1.97		1.27
Pensacola, Fla.....	79	1		1.57		1.27
Mobile, Ala.....	79	1		1.42		.92
Montgomery, Ala.....	78	0		.83		.13
Meridian, Miss.....	76	2		.84		.74
Vicksburg, Miss.....	79	1		.79		.17
New Orleans, La.....	81	1		1.31		.21
Shreveport, La.....	79	3		.68	.82	
Fort Smith, Ark.....	74	8		.84		.74
Little Rock, Ark.....	76	4		.84		.54
Palestine, Tex.....	78	6		.65		.65
Galveston, Tex.....	83		1	1.42	.28	
San Antonio, Tex.....	80	6		.91		.41
Corpus Christi, Tex.....	81	3		.98		.92
Ohio Valley and Tennessee:						
Memphis, Tenn.....	76	2		.77		.77
Nashville, Tenn.....	75		1	.85		.85
Chattanooga, Tenn.....	73	1		.84	.16	
Knoxville, Tenn.....	73	1		.76	.24	
Lexington, Ky.....	72	0		.66	.74	
Louisville, Ky.....	74	2		.71	.49	
Indianapolis, Ind.....	71	1		.70		.20
Cincinnati, Ohio.....	73	1		.75		.05
Columbus, Ohio.....	70	4		.68	.32	
Parkersburg, W. Va.....	72	2		.82		.12
Pittsburg, Pa.....	71	1		.61		.44
Lake Region:						
Oswego, N. Y.....	66	4		.63	.07	
Rochester, N. Y.....	67	5		.64		.14
Buffalo, N. Y.....	67	5		.77	.33	
Erie, Pa.....	68	4		.79	.31	
Cleveland, Ohio.....	67	3		.72	5.58	
Sandusky, Ohio.....	69	3		.70	.90	
Toledo, Ohio.....	68	2		.56	1.84	
Detroit, Mich.....	68	4		.58	.02	
Lansing, Mich.....	67	1		.65	.85	
Port Huron, Mich.....	66	4		.61		.61
Alpena, Mich.....	63	1		.83		.43
Sault Ste. Marie, Mich.....	58	6		.82	.38	
Marquette, Mich.....	63	1		.72		.22
Escanaba, Mich.....	64	0		.84	.06	
Green Bay, Wis.....	64	2		.70		.30

a The figures in this column represent the average daily departure.

Table of temperature and rainfall, week ended September 2, 1901—Cont'd.

Locality.	Temperature in degrees Fahrenheit.			Rainfall in inches and hundredths.		
	Normal.	a Excess.	a Deficiency.	Normal.	Excess.	Deficiency.
Lake Region—Continued.						
Grand Haven, Mich.....	65			.72		
Milwaukee, Wis.....	66	2		.63		.53
Chicago, Ill.....	69	1		.65		.65
Duluth, Minn.....	63	3		.86		.86
Upper Mississippi Valley:						
St. Paul, Minn.....	67	1		.72		.42
La Crosse, Wis.....	68	2		.86		.76
Dubuque, Iowa.....	69	1		.79		.79
Davenport, Iowa.....	71	1		.77		.77
Des Moines, Iowa.....	69	3		.70		.60
Keokuk, Iowa.....	72	2		.65		.65
Springfield, Ill.....	71	1		.64		.64
Calro, Ill.....	75		1	.63		.53
St. Louis, Mo.....	74	4		.77		.77
Missouri Valley:						
Columbia, Mo.....	73	5		.70		.70
Springfield, Mo.....	71			.89		
Kansas City, Mo.....	73	5		.84		.84
Topeka, Kans.....	71	7		.83		.83
Wichita, Kans.....	73	7		.72		.52
Concordia, Kans.....	71	5		.61		.31
Lincoln, Nebr.....	71	5		.61		.61
Omaha, Nebr.....	71	5		.70		.70
Sioux City, Iowa.....	68	4		.43		.43
Yankton, S. Dak.....	69	5		.70		.70
Valentine, Nebr.....	67	5		.34	.36	
Huron, S. Dak.....	66	6		.47		.47
Pierre, S. Dak.....	71	3		.29		.09
Moorhead, Minn.....	63	5		.54		.44
Bismarck, N. Dak.....	65	7		.40		.40
Williston, N. Dak.....	63	7		.21		.21
Rocky Mountain Region:						
Hayre, Mont.....	62	10		.28		.28
Helena, Mont.....	62	6		.17		
Miles City, Mont.....	67	7		.21		.21
Rapid City, S. Dak.....	68	2		.26	.54	
Spokane, Wash.....	66	2		.14	.06	
Walla Walla, Wash.....	71	1		.07	.33	
Baker City, Oreg.....	64	0		.12		.12
Winnemucca, Nev.....	65	1		.07		.07
Pocatello, Idaho.....	66	4		.14		.04
Boise, Idaho.....	67	3		.07		.07
Salt Lake City, Utah.....	70	4		.21		.21
Lander, Wyo.....	62	2		.14		.04
Cheyenne, Wyo.....	62	4		.26		.06
North Platte, Nebr.....	69	3		.46	.54	
Denver, Colo.....	67	5		.26		.16
Pueblo, Colo.....	69	3		.32	.68	
Dodge City, Kans.....	73			.49		
Oklahoma, Okla.....	76	6		.77		.37
Amarillo, Tex.....	70	6		.64	1.16	
Abilene, Tex.....	77	9		.63		.63
Santa Fe, N. Mex.....	64	4		.40		.20
El Paso, Tex.....	76	6		.33		.33
Phoenix, Ariz.....	85	3		.12	.18	
Yuma, Ariz.....	88	0		.07		.07
Pacific Coast:						
Seattle, Wash.....	63	1		.16		.06
Tacoma, Wash.....	60	2		.19	.11	
Portland, Oreg.....	65		1	.21		.11
Roseburg, Oreg.....	65		1	.09	.71	
Eureka, Cal.....	53			.09		
Red Bluff, Cal.....	78		2	.04		.04
Carson City, Nev.....	64	0		.05		.05
Sacramento, Cal.....	72		4	.02		.02
San Francisco, Cal.....	60		4	.01		.01
Fresno, Cal.....	79		5	.00	.00	.00
San Luis Obispo, Cal.....	64	0		.00	.00	.00
Los Angeles, Cal.....	69		1	.03		.03
San Diego, Cal.....	68		2	.00	.00	

a The figures in this column represent the average daily departure.

FOREIGN AND INSULAR.

BRAZIL.

Sanitary reports from Rio de Janeiro—Plague.

RIO DE JANEIRO, BRAZIL, *July 23, 1901.*

SIR: I have the honor to transmit to you the official sanitary reports for the week ended July 21.

There were 332 deaths from all causes, an increase of 20 if compared with the preceding week; 3 deaths from *accessio pernicioso*, a decrease of 7; 4 deaths from yellow fever, a decrease of 2; 29 deaths from small-pox, the same as before; 2 deaths from typhoid fever, a decrease of 3; 3 deaths from diphtheria, none before; 3 deaths from whooping cough, none before; 1 death from plague and 1 death from lymphatitis *pernicioso* (that may be considered also as plague), none before; 1 death from beriberi, the same as before; 54 deaths from tuberculosis, a decrease of 1; no death from leprosy, a decrease of 1.

Respectfully,

W. HAVELBURG,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

Sanitary report from Rio de Janeiro.

RIO DE JANEIRO, BRAZIL, *July 29, 1901.*

SIR: I have the honor to transmit to you the official sanitary report for the week ended July 28.

There were 309 deaths from all causes, a decrease of 23 as compared with the foregoing week; 4 deaths from *accessio pernicioso*, an increase of 1; 3 deaths from yellow fever, a decrease of 1; 35 deaths from small-pox, an increase of 6; 3 deaths from enteric fever, an increase of 1; 2 deaths from diphtheria, a decrease of 1; 1 death from measles, none before; 3 deaths from whooping cough, the same as before; 3 deaths from plague, classified as lymphatitis *pernicioso*, an increase of 1; no death from beriberi, a decrease of 1; 50 deaths from tuberculosis, a decrease of 4, and no death from leprosy, none before.

During the first half of July, there were 632 deaths, being at the rate of 43.13 per diem, and corresponding to an annual death rate of 19.39 per 1,000, against 41.06 and 18.9 per 1,000 during the preceding fortnight.

There were 637 births—that is, an average of 42.46 per diem, corresponding to an annual birth rate of 19.54 per 1,000.

Plague.

Since the end of May, some few sporadic cases have been observed that after bacteriological examination have been ascertained to be cases of plague. The result of these few cases has been favorable. After inquiries it was shown that the cases were of persons who have shortly arrived here from Portugal. It did not lead to a spread of

infectious disease. By the sanitary authorities all the respective preventive measures have been adopted.

In one house on a street, that in hygienic circumstances is in a deplorable condition, there have occurred 2 cases that have resulted fatally and were registered with the diagnosis of lymphatitis. In these cases also it was the question of new arrivals from Oporto. Afterwards, when in the same locality 3 other cases of a suspicious infectious disease occurred, this disease was classified as plague in consequence of a bacteriological examination. The patients were transported to the isolation hospital and the persons who had been in contact with those patients were isolated and supervised. Of those 3 patients, 1 died in the hospital shortly after arrival. Under that impression, I sent you a dispatch on July 6. Another of the 2 patients died on July 15.

Since that time nothing has been communicated officially in regard to the existence of plague. But I have various motives, suspecting that other sporadic cases of plague have been observed, and I know that during the last week 3 or 4 deaths from lymphatitis (?) have been reported by physicians in their death certificates. It is self-evident that the question is treated with a certain discretion. I am not able to present proofs, and it is far from my intention to say anything that may cause or render suspicion to rest upon the sanitary authorities or give them annoyance.

It is certain, in any case, that up to the present time plague does not exist on any considerable scale.

The foregoing had already been written when I obtained trustworthy information to the effect that there has occurred during the last six days 1 case of plague every day. It is worthy of note that those cases have occurred in different parts of the city. The sanitary authorities have taken the precautions which the circumstances demand, but the existence of plague has not been officially declared. Consequently, the sanitary condition of the city is in a peculiar and uncertain state. It is possible that these cases may not be followed by others, but it is also possible that they may be the beginning of an epidemic.

Respectfully,

W. HAVELBURG,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

BRITISH HONDURAS.

Report from Belize—Fruit port.

BELIZE, BRITISH HONDURAS, *August 18, 1901.*

SIR: I have to make the following report of the conditions and transactions at this port during the week ended August 17, 1901:

Population, according to census of 1901, 9,114; present officially estimated population, 9,114. Number of cases and deaths from yellow fever during the week, none; number of cases and deaths from smallpox during the week, none; number of cases and deaths from typhus fever during the week, none; number of cases and deaths from cholera during the week, none; number of cases and deaths from plague during the week, none; number of deaths from other causes during the week, 3. Prevailing diseases, malarial in character. General sanitary condition of this port and the surrounding country during the week, good.

Bills of health were issued to the following vessels: August 16, steam-

ship *S. Oteri*; crew, 35; passengers from this port, 3; passengers in transit, 13; pieces of baggage disinfected, 9; steamship *Managua*; crew, 16; passengers from this port, none; passengers in transit, none; pieces of baggage disinfected, none. August 17, steamship *Bergenseren*; crew, 17; passengers from this port, none; passengers in transit, none; pieces of baggage disinfected, none.

Respectfully,

J. GREY THOMAS,
Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

CANADA.

Inspection of immigrants at Quebec for the two weeks ended August 24, 1901.

QUEBEC, CANADA, August 17, 1901.

SIR: I have the honor to report that for the week ended August 17, there were inspected 346 immigrants; passed, 339; detained, 7; cause of detention, debility, 1; hernia, 2; necrosis of bones of foot, 1; pregnancy, 1; tinea tonsurans, 1; trachoma, 1.

On August 14 there were inspected at Montreal 5 immigrants; passed, 1; detained, 4; cause of detention, trachoma, 4.

Respectfully,

VICTOR G. HEISER,
Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

QUEBEC, CANADA, August 24, 1901.

SIR: I have the honor to report that for the week ended August 24 there were inspected 462 immigrants; passed, 457; detained, 5; cause of detention, chronic otitis media of both ears, 1; pregnancy, 1; senile debility, 2; tinea tonsurans, 1.

During the week there were inspected at Newport, Vt., 2 immigrants; passed, none; detained, 2; cause of detention, debility, 1; favus, 1.

Respectfully,

VICTOR G. HEISER,
Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

CHINA.

Reports from Hongkong.

HONGKONG, CHINA, July 22, 1901.

SIR: I have the honor to transmit herewith the report of inspection work at this station for the week ended July 20, 1901.

Five steamers were inspected during the week, 326 individuals were bathed, and 410 bundles of clothing and bedding were disinfected by steam. There was 1 rejection during the week because of fever.

The plague situation continues to show great improvement, only 12 cases and 15 deaths having been reported to the sanitary authorities during the week. The total cases and deaths due to plague thus far this year are, therefore, 1,570 and 1,497, respectively.

Respectfully,

JOHN W. KERR,
Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

HONGKONG, CHINA, July 30, 1901.

SIR: I have the honor to transmit herewith the report of inspection work at this station for the week ended July 27, 1901.

Seven hundred and twenty-seven individuals were bathed during the week and 820 bundles of clothing and bedding were disinfected by steam. There were 14 rejections, 13 because of fever and 1 because of leprosy. The British steamship *Gaelic* was disinfected with sulphur to kill rats. Nineteen cases of plague and 20 deaths were reported to the sanitary authorities as occurring in the colony during the week. The total cases and deaths from this disease reported thus far this year are, therefore, 1,590 and 1,518, respectively.

According to the Hongkong Government Gazette the port of Swatow, China, has been declared free from any epidemic of plague, and the port of Karachi, India, has also been declared free from plague. Three cases of enteric fever were reported in this colony during the past week.

Respectfully,

JOHN W. KERR,

Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

[No. 118.]

Further concerning plague in the province of Kwangtung, including Canton.

CONSULATE OF THE UNITED STATES,

Canton, China, July 3, 1901.

SIR: In further continuation of my No. 116, concerning the plague conditions in this consular district, I have to report the receipt of the following communications, which are self-explanatory and have just come to hand:

KIT YANG, CHINA, June 28, 1901.

SIR: Your note of June 11, concerning information regarding the bubonic plague, received. Because of itinerating I have been delayed in writing this letter, yet I hope it will not be too late.

The plague made its first appearance at Swatow about seven years ago, and has since then spread in all directions along the coast and inland. Three years ago the large district city Chan Yang, 10 miles southwest of Swatow, had a very bad spell. It is said that over 20,000 persons died in that one city. Swatow no doubt caught the plague from Hongkong. Although Kit Yang is only 35 miles from Swatow, it can not be definitely stated that the plague came to this place from Swatow. I am of the opinion that it was brought to us from Canton, overland. We have positive proof that the region north of Canton and south of this district has been devastated with the plague for the past three and four years. Last year this "trail" (as we will call it) made its appearance at Li O and Mi O, 20 and 30 miles above Kit Yang—that is, inland. Both towns are situated on the southern arm of the Kit Yang River. The dead rats were thrown into the river and carried down towards this city. It is no wonder that we at Kit Yang then have the plague with us. And the inhabitants of Kit Yang are doing the same thing with their rats, and next year no doubt all the towns between Kit Yang and Swatow will have the plague—except they refuse to use the river water. Many villages between Canton and Li O, 70 miles inland from Swatow, have lost one-third to one-half of their inhabitants. When the plague appeared in Kit Yang, I suggested that the roof of every plague house be taken off, and rebuilt after six months, but the officials would not listen to such a measure. In this benighted country nothing is done, the plague will have its run for years to come and many over-populated districts may be thinned out considerably. The printed rules to prevent the plague from spreading, which were posted all over the city, are totally ignored. I have received word that the district city of Hui Lai, about 35 miles south of Kit Yang, has had an awful visitation this year. It is said that only one-fourth of the people are still in the city, one-half having moved to other places for safety. This city was in the direct line of the "trail." Thus far I can only find out that the plague has got inland to the extent of 70 miles, but should I get any other facts I will let you have them. The natives of course do not understand the very first principles of the cause of the plague. It is considered and believed that it is the doings of malignant spirits, hence the other day thousands of men and boys

assembled with a large number of drums and cymbals to frighten the spirits and cause them to leave the town. The crowds came down to the river, hoping to compel the evil spirits to go out with the tide.

Respectfully,

REV. JACOB SPEICHER,
American Baptist Missionary Union.

Hon. ROBERT M. MCWADE, *United States Consul, Canton, China.*

HENRY MEMORIAL HOSPITAL,
Nodoo, Hainan, China, June 24, 1901.

SIR: Our district city, Dam Chian, has been overrun with plague for the last six months, and the villages between that place and this have become infected to a large degree, and even inland as far as our station here at Nodoo, we have just passed through a season of it, having 20 or more cases here.

In the district city it has been very fatal. We know also that in some of the villages where the plague was prevalent it became so fatal that whole villages left their homes and came, some to Nodoo and some to other villages about here, to get clear of it. In that way the market of Nodoo became infected.

These cases that have occurred here in the market have been very light ones with the exception of 1 case which was very severe but not fatal.

Manson would call these cases abortive or larval plague (*pestis ambulans*).

The symptoms were ordinary, but mild in most cases, fever 103° to 104° F.; the buboes in some cases were small, about the size of a robin's egg, and in some nearly as large as one's fist. In some cases they occurred in the locality of the glands, and in other cases were irregular, occurring on the squamous portion of the temporal bone, on the anterior surface of the tibia, on the elbow joint, on the shoulder, over the ribs, etc., and in some cases on the breasts. In some cases they come on the feet and ankles first.

Only one of the cases which came under my notice was of the hemorrhagic variety, a woman of about 35 years, of a respectable family. In her case it came on with high fever and general depression. She told me she was very fearful she could not get well. Her eyes were open too wide and staring, and she seemed to have great pain in her bones. She came out of her dark bedroom and I looked her over and noticed that her face was swollen and her skin dry. Her mother showed me one bubo, which was on her right shoulder, over the scapula, in part, and partly over the clavicular articulation with the scapula (Acromion process), a very large one, tense and with a great deal of infiltration of the surrounding tissues. I could not find any ecchymotic effusions in this case. The bubo finally broke and bled, and pus followed from it mixed with blood. It will form a deep peculiar eschar, I think. She complained that nothing would stay on her stomach, vomited food and medicine for two days. Her tongue was swollen and coated; her pulse full and fast; but I could not see any other change in it or in her heart sounds which were normal as far as I could ascertain.

After the bubo broke (I intended to lance it, but it ripened sooner than I thought it would) she soon recovered, although it was slow in healing.

When I first went to see her, I thought it was a case of fever (malarial intermittent) and I treated her accordingly, thinking at the time that she was going to have an abscess only. But later, when I found that several people in the market were having these peculiar swellings with fever, I found out what the true cause of the trouble was, with the help of the natives I admit, for I had *never seen plague*, and it did not occur to me that it might be plague until the other cases came to my notice, and in fact until the people came to me and told me that some of these cases were refugees from our district city, fleeing from there because of it.

The people here say that they are in the habit of examining any dead rats they find, and that if their bodies swell up out of all proportion that then they know it was plague that killed them and they are afraid. But if the bodies do not swell up more than is ordinary in rat post-mortem, they know that it was not plague that killed them, and then they need not leave their houses.

The worst of the season of plague in this district seems to be over, although 4 cases have just occurred in Namfang—the next market below us. They tell me that having it light this year that next year it is likely to come on with greater force and virulence, but we will hope for the best.

Respectfully,

Hon. ROBERT MCWADE.

United States Consul, Canton, China.

E. D. VANDERBURGH, M. D.

The foregoing is respectfully submitted.

Respectfully,

ROBERT M. MCWADE,
United States Consul.

Hon. ASSISTANT SECRETARY OF STATE.

Sanitary and quarantine regulations at Fuchau.

[No. 111.]

FUCHAU, CHINA, July 12, 1901.

SIR: I have the honor to transmit herewith a copy of the sanitary and quarantine regulations adopted by the foreign consuls and the superintendent of customs (Tartar general) at this port.

Respectfully,

SAMUEL L. GRACEY,
United States Consul.

HON. ASSISTANT SECRETARY OF STATE.

[Inclosure.]

Sanitary regulations for the port of Foochow.

FOOCHOW, CHINA, June 29, 1901.

The following regulations have been agreed to and sanctioned by the superintendent of customs and the treaty power consuls at the port, and are now published for the information and guidance of all concerned.

By order of the inspector general of customs.

WALTER LAY,
Commissioner of Customs.

CUSTOM-HOUSE, FOOCHOW, CHINA, June 29, 1901.

DEFINITIONS.

1. Port health officer shall mean the medical officer holding that appointment, the deputy port health officer, or such other medical officers as may be appointed to temporarily fulfill their duties.
2. An infected vessel is one which on arrival outside Sharp Peak has on board, or which has had on board within ten days of her arrival a case of cholera, typhus fever, yellow fever, or plague, or a person who might reasonably be suspected of being affected by any one of these diseases, or the dead body of a person who had been, or who might reasonably be suspected to have been, so affected.
3. A plague-infected vessel is an infected vessel as above, in which the disease existing (or having existed) is bubonic plague.
4. A suspected vessel is one which arrives outside Sharp Peak within ten days from her departure from an infected port, whether she has called at an intermediate port or not.
5. The Spiteful Island Quarantine Anchorage is that to the westward of Spiteful Island.

GENERAL REGULATIONS.

1. Infected and suspected vessels on approaching Sharp Peak shall hoist the yellow flag at the fore, and this shall be kept flying until pratique has been granted by the port health officer.
2. No person shall be allowed to go on board or to leave an infected or suspected vessel without the sanction of the port health officer, nor shall such vessel be allowed to discharge or take in cargo, baggage, etc., without such sanction.
3. Pilots bringing in infected or suspected vessels shall not leave such vessels without authority to do so from the port health officer.
4. Infected and suspected vessels shall on arrival anchor within the Spiteful Island Quarantine Anchorage.
5. The port health officer will inspect vessels between the hours of 6 a. m. and 6 p. m. as soon as possible after their arrival. The master shall, on the port health officer's requisition, muster the officers, crew, and passengers, give every facility for the examination of the vessel, and afford all required information within his knowledge regarding the past and present sanitary condition of the vessel.
6. In the case of infected vessels, measures will be taken, under the direction of the port health officer, for the removal and isolation of all infected and suspected persons, for the removal of all infected bodies, and for the purification of the vessel; and the vessel shall not be released from quarantine until such purification has taken place and she has been in quarantine for a period not exceeding ten days from the date of the removal of the last infected case.

7. In the case of suspected vessels, should there be no case or suspicious case of infection found during inspection, the vessel shall (harbor notifications being complied with) be admitted to immediate practice. Should there be a suspicious case, the vessel becomes an infected vessel.

8. It rests with the superintendent of customs and the board of treaty consuls.

(a) To declare, when necessary, the infection of ports.

(b) To withdraw such declaration.

(c) To authorize such other precautions as may be expedient for the purpose of preventing either the importation or, in the event of an epidemic of disease in the ports, the exportation of disease.

The public will be informed of such declarations by means of a harbor notification.

The commissioner of customs (or other authority in the case of a foreign port) at the port declared infected will be informed by the Foochow commissioner in the case of a Chinese port, and by the consul of the nation concerned in case of a foreign port of the declaration of infection or its withdrawal.

9. Should any case of plague, cholera, typhus or yellow fever occur on board any vessel at Pagoda Anchorage or Nantai, the fact should be immediately notified to the harbor master, who may, on the advice of the port health officer, order such vessel to the Spiteful Island Quarantine Anchorage.

10. Relatives of patients will not be allowed to communicate with them in the hospital except by permission of the health officer.

11. The clothing of patients must be either burnt or thoroughly disinfected on their discharge from hospital.

12. The port health officer may grant permission to the relatives of deceased patient to view the body at a distance and to assist at the funeral.

13. The port health officer appointed by the superintendent of the customs and the treaty power consuls shall receive a fee of \$25 for each vessel and \$5 for each junk visited by him in carrying out these regulations, and this fee shall be collected by the imperial maritime custom from each vessel before it can be allowed to depart. A certificate shall be issued to each vessel examined without extra charge.

4. The Chinese authorities will provide a steam launch for the use of the health officer and the customs officials, and suitable accommodation for patients will be provided either afloat or on shore.

15. Any person who commits a breach of these regulations will be dealt with by the authorities to whose jurisdiction he is amenable.

COLOMBIA.

Report from Bocas del Toro—Fruit port.

BOCAS DEL TORO, COLOMBIA, August 21, 1901.

SIR: I have to make the following report of the conditions and transactions at this port during the week ended August 20, 1901:

Number of cases and deaths from yellow fever during the week, 1 case; deaths, none; number of cases and deaths from smallpox during the week, none; number of cases and deaths from typhus fever during the week, none; number of cases and deaths from cholera during the week, none; number of cases and deaths from plague during the week, none; number of deaths from other causes during the week, none. Prevailing diseases, malarial fever and yellow fever. General sanitary condition of this port and the surrounding country during the week, fairly good. The number of cases of malarial fever seems to have increased.

Bills of health were issued to the following vessels: August 14, steamship *John Wilson*; crew, 18; passengers from this port, none; passengers in transit, none; pieces of baggage disinfected, none. August 15, steamship *Banes*; crew, 17; passengers from this port, none; passengers in transit, none; pieces of baggage disinfected, none. August 17, steamship *Stillwater*; crew, 27; passengers from this port, 1; passengers in transit, none; pieces of baggage disinfected, 2.

Respectfully,

PAUL OSTERHOUT,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

*Yellow fever in Bocas del Toro.*BOCAS DEL TORO, COLOMBIA, *August 21, 1901.*

SIR: I have to report the existence of another case of yellow fever, making the tenth known case for the season.

The patient is an American named Beekman, and is the head of the boat-building department of the United Fruit Company; he has been a resident of this place for about two years.

Drs. Wailes and Carter have seen the case with me and concur in the diagnosis.

During the past week I have been called to see several cases of fever, and have taken the other quarantine physicians to see them. The symptoms have not been marked enough to say that it was yellow fever, but they are decidedly suspicious. The physicians above mentioned are of the same opinion.

Respectfully,

PAUL OSTERHOUT,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON GENERAL,

U. S. Marine-Hospital Service.

COSTA RICA.

*Reports from Port Limon—Fruit port.*PORT LIMON, COSTA RICA, *August 18, 1901.*

SIR: I have to make the following report of the conditions and transactions at this port during the week ended August 18, 1901:

Present estimated population, 4,000. Number of cases and deaths from yellow fever during the week, cases, 8; deaths, 4; number of cases and deaths from smallpox during the week, none; number of cases and deaths from typhus fever during the week, none; number of cases and deaths from cholera during the week, none; number of cases and deaths from plague during the week, none; number of deaths from other causes during the week, 11. Prevailing diseases, malarial and yellow fevers. General sanitary condition of this port and the surrounding country during the week, not good, as the 15 deaths from all causes testify. As soon as a case of yellow fever is recognized, it is removed to an isolated mosquito-proof ward in a hospital, reserved for that purpose. Disinfection is done where possible, otherwise aëration and sunlight are depended upon. With all our care, we will continue to have new cases at intervals, and I will be satisfied if we ward off an epidemic.

Bills of health were issued to the following vessels: August 12, steamship *Athos*; crew, 38; passengers from this port, 7; passengers in transit, 9; pieces of baggage disinfected, none. August 15, steamship *Beverly*; crew, 38; passengers from this port, none; passengers in transit, none; pieces of baggage disinfected, none. August 16, steamship *Breakwater*; crew, 37; passengers from this port, none; passengers in transit, none; pieces of baggage disinfected, none. August 17, steamship *Columbia*; crew, 19; passengers from this port, none; passengers in transit, none; pieces of baggage disinfected, none.

Respectfully,

D. W. GOODMAN,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

CUBA.

Reports from Cienfuegos, Casilda, and Santa Cruz del Sur—A case of yellow fever at Cumanayagua.

CIENFUEGOS, CUBA, August 26, 1901.

SIR: Through the chief quarantine officer for the island of Cuba, I have the honor to transmit the following report for the district under my command for the week ended August 24, 1901:

Eighteen deaths have occurred in the city; 5 of these were in the civil hospital. The following report shows cause of death: Pernicious fever, 2; sclerosis, arterial, 2; tuberculosis, 4; typho-malaria, 2; tetanus, infantile, 1; nephritis, 1; broncho-pneumonia, 1; enterocolitis, 1; enteritis, 1; hemorrhage, cerebral, 1; acute yellow atrophy of liver, 1; remittent fever, 1. Death rate per 1,000 inhabitants, 23.46.

I have to report that I have resumed my duties after completely recovering from an attack of typhoid fever of mild intensity, but of long duration, having suffered two relapses in the course of the disease. I am informed that there is considerable typhoid fever in Cienfuegos this summer, with a fair mortality. These deaths have not appeared in the mortality reports as such, but I am inclined to believe that many, if not the larger proportion of cases reported as typho-malaria, pernicious fever, paludism, and remittent malaria are really typhoid fever. That there should be cases is not surprising, inasmuch as the sewerage system is small and deficient. While the city has a system of water-works, a majority of the inhabitants rely on cisterns (some under ground) for their water supply. During the present season, with rains almost every day, sewers, drains, etc., are overflowed, and the subsequent infection of the water and food supply is not difficult.

During the week 1 case of, and 1 suspicious of, yellow fever were reported. The former occurred at Cumanayagua, a small village 27 miles from Cienfuegos. This case was not reported until the patient had recovered. The city physician, learning of it unofficially, at once imposed a fine of \$50 on the practitioner who treated the case for his failure to report same. This practitioner now declares that the case was one of acute gastro-enteritis.

The other case was one that died in the civil lazaretto with a very imperfect history. A necropsy was held on the case, attended by Drs. Truby, assistant surgeon, U. S. A., Ruiz, city health officer; Mendes, in charge of lazaretto, and Acting Asst. Surg. F. F. Nunez, U. S. Marine-Hospital Service. From the pathological lesions present, it was unanimously agreed upon to be a case of acute yellow atrophy of the liver, and a diagnosis to that effect was made.

Six vessels were inspected and passed, granted pratique, 13 bills of health were issued to vessels, and no alien steerage passengers were landed at this port.

Casilda.—Acting Asst. Surg. A. Cantero reports 6 deaths in Trinidad; no contagious diseases reported; 12 vessels inspected and passed, granted pratique, and 1 bill of health issued to foreign vessel.

Santa Cruz del Sur.—Acting Asst. Surg. J. R. Xiques reports not arrived.

Respectfully,

T. D. BERRY,

Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

Reports from Matanzas, Cardenas, Isabela de Sagua, and Caibarien.

MATANZAS, CUBA, August 20, 1901.

SIR: Through the chief quarantine officer for the island of Cuba, I have the honor to transmit herewith the following sanitary report of the quarantine district under my command for the week ended August 17, 1901:

Matanzas.—Twenty-two deaths occurred in the city of Matanzas during the period covered by this report, showing a mortality 25.35 per 1,000. The principal causes of death were as follows: Tuberculosis, 4; gastro-enteritis, 4; enteritis, 2; tetanus, infantile, 2; arterio sclerosis, 1; hepatitis, 1; meningitis, 1; enteritis, tuberculósís, 1; cerebral hemorrhage, 1; broncho-pneumonia, 1; other causes, 4. The following cases of infectious or contagious character were reported: Typhoid fever, 1; dysentery, 1; typhoid-malaria, 1. Four vessels were inspected and passed on arrival and 3 passed without inspection. Seven bills of health were issued to vessels leaving this port. Forty-five health certificates were issued to persons leaving the island. Fifty-five pieces of baggage were inspected and passed and 3 pieces were disinfected. The American schooner *White Wings* bound for Key West, Fla., was disinfected August 14, 1901.

Cardenas.—Acting Asst. Surg. Enrique Saez reports that 17 deaths occurred in Cardenas during the week of the following causes: Pulmonary tuberculosis, 4; heart disease, 3; marasmus, 3; general debility in children, 2; cerebral congestion, 1; enteritis, 1; typhoid fever, 1; enteritis, tuberculosis, 1; cirrhosis hypertrophic of the liver, 1. The death rate during the week was 35.71 per 1,000. No case of infectious or contagious character was reported. Four vessels were inspected and passed on arrival and 8 vessels were passed without inspection. Twenty bills of health were issued to vessels leaving the port.

Isabela de Sagua.—Acting Asst. Surg. Pedro Garcia Riera reports that 8 deaths occurred in the municipal district of Sagua of the following causes: Pulmonary tuberculosis, 2; infectious enteritis, 1; meningitis, 1; gastro-enteritis, 1; cyanosis, 1; general debility in children, 1; intestinal occlusion, 1. No case of infectious or contagious character was reported. The death rate during the week was 19.5 per 1,000. Three vessels were inspected and passed on arrival and 9 vessels passed without inspection. Eight bills of health were issued to vessels leaving the port.

Caibarien.—Acting Asst. Surg. Leoncio Junco reports that 8 vessels were passed without inspection on arrival. Eight bills of health were issued to vessels leaving the port. No sanitary report for the week has been received.

Respectfully,

G. M. GUITÉRAS,

Passed Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

MATANZAS, CUBA, August 27, 1901.

SIR: Through the chief quarantine officer for the island of Cuba, I have the honor to submit herewith the following sanitary report of the quarantine district under my command for the week ended August 24, 1901:

Matanzas.—Twenty-one deaths occurred in the city of Matanzas during the period covered by this report, showing a mortality of 24.19 per 1,000. The principal causes of deaths were as follows: Bright's disease, 2;

general debility in children, 2; cirrhosis hepatic, 2; gastro-enteritis, 2; senility, 2; typhoid fever, 1; pernicious fever, 1; enteritis, 1; arterio-sclerosis, 1; congenital debility, 1; typho-malaria, 1; other causes, 5. The following cases of infectious or contagious character were reported: Typhoid fever, 1; diphtheria, 1. The weather has been excessively warm and dry. Three vessels were inspected and passed on arrival and 2 passed without inspection. Five bills of health were issued to vessels leaving the port. No health certificate was issued during the week. The Norwegian steamship *Tjomo*, bound for Mobile, Ala., and the American schooner *Wave*, bound for Key West, Fla., were disinfected at this port August 18 and August 20, respectively.

Cardenas.—Acting Asst. Surg. Enrique Saez reports that 9 deaths occurred in Cardenas during the week of the following causes: Tuberculosis, 1; entero colitis, 1; malarial fever, 1; enteritis, acute, 1; meningitis, 1; cancer, 1; infectious enteritis, 1; tetanus, infantile, 1; senility, 1. No case of infectious or contagious character was reported. The death rate during the week was 18.72 per 1,000. Four vessels were inspected and passed on arrival and 11 passed without inspection. Fifteen bills of health were issued to vessels leaving the port.

Isabela de Sagua.—Acting Asst. Surg. Pedro Garcia Riera reports that 12 deaths occurred in the municipal district of Sagua of the following causes: Heart disease, 3; meningitis, 2; tuberculosis, 2; enteritis, 1; tetanus, infantile, 1; other causes, 3. No case of infectious or contagious character was reported. The death rate during the week was 29.30 per 1,000. Eleven vessels arrived during the week and were passed without inspection. Ten bills of health were issued to vessels leaving the port.

Cuibarien.—Acting Asst. Surg. Leoncio Junco reports that the sanitary condition of port and town is good, malarial fevers and intestinal diseases prevailing. Three deaths occurred during the week of the following causes: General debility in children, 2; typho-malaria, 1. The death rate during the week was 18.07 per 1,000. No case of infectious or contagious character was reported. Ten vessels were passed without inspection and 1 inspected and passed. Nine bills of health were issued to vessels leaving the port.

Respectfully,

G. M. GUITÉRAS.

Passed Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

Yellow fever reported in Matanzas.

[Telegram.]

MATANZAS, CUBA, August 31, 1901.

Two cases of yellow fever reported to-day. Will investigate facts.—GUITÉRAS.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

Dysentery in the district of Matanzas.

MATANZAS, CUBA, August 27, 1901.

SIR: Through the chief quarantine officer for the island of Cuba, in accordance with the request published in the PUBLIC HEALTH REPORTS, U. S. Marine-Hospital Service, I have the honor to report that but 6 cases and 1 death of dysentery have been reported in the

municipal district of Matanzas from January 1, 1901, to the present date, as shown in the following table:

Month.	Cases.	Death.	Month.	Cases.	Death.
January.....	.....	1	August.....	2	.....
April.....	2	.....	Total.....	6	1
June.....	2	.....		

The writer has not been able to see any of these cases, but from information obtained from the leading practitioners of the city, it is evident that all the cases were of mild character, with the exception of 2, 1 of which proved fatal. The histories obtainable of these cases are of the vaguest sort and give no definite idea of the character of the disease other than as to its severity.

None of the stools were examined microscopically to determine the presence or absence of the germs, thought to day to bear a causative relation to dysentery.

Respectfully,

G. M. GUITÉRAS,

Passed Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

Reports from Nuevitas, Puerto Padre, Gibara, and Baracoa.

NUEVITAS, CUBA, August 19, 1901.

SIR: I have the honor to transmit, through the chief quarantine officer, the following report for the week ended August 17, 1901:

Ten vessels arrived at this port and 10 bills of health were issued. There were 3 deaths—1 malarial fever, 1 uræmia, and 1 tetanus. The weather was cloudy, with light rain every day. The sanitary condition of the town is good.

Puerto Padre.—Reports show the arrival of 7 vessels, the issuance of 6 bills of health, and 1 death—cardiac lesion. The sanitary condition is good.

Gibara.—Reports show the arrival of 9 vessels, the issuance of 10 bills of health, and 1 death from diphtheria. Sanitary condition is good.

Baracoa.—Reports show the arrival of 2 vessels, the issuance of 5 bills of health, and 2 deaths from cholera infantum. Sanitary condition is good.

No report of quarantinable disease at any point in the district.

Respectfully,

OWEN W. STONE,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON GENERAL,

U. S. Marine-Hospital Service.

Reports from Santiago, Manzanillo, Guantanamo, and Daiquiri.

SANTIAGO DE CUBA, August 16, 1901.

SIR: Through the chief quarantine officer for the island of Cuba, I have the honor to transmit herewith the following report for the week ended August 10, 1901:

Santiago.—There was a total of 24 deaths reported during this period, making the annual rate of mortality for the week 28.02 per 1,000. The following were the causes of death reported: Typhoid fever, 2; fever,

intermittent malarial, 2; diphtheria, 1; purulent infection, 1; tubercle of lungs, 3; cancer of the parotid gland, 1; anæmia, 1; cerebral congestion and hemorrhage, 2; tetanus, 1; broncho-pneumonia, 1; pneumonia, 2; diarrhea and enteritis (under 2 years), 3; icterus gravis, 1; gangrene, 1; senile debility, 1; unspecified cause of death, 1. Total, 24.

During the same period 11 vessels were inspected and passed, 3 vessels passed without inspection, and 12 vessels leaving this port were given bills of health. One vessel, the Norwegian steamship *Transit*, was disinfected on August 8, 1901, prior to departure for Mobile, Ala.

Manzanillo.—Acting Asst. Surg. R. de Socarras reports a total of 2 deaths, due to the following causes: Bronchitis, acute, 1; diarrhea and enteritis (2 years and over), 1. Total, 2. Annual rate of mortality, for the week, 7.18 per 1,000.

During the week 3 vessels were inspected and passed on arrival, 3 vessels were passed without inspection, and 5 bills of health were issued to vessels leaving this port.

Guantanamo.—Acting Asst. Surg. Luis Espin reports 1 death, due to tetanus (traumatic). Annual rate of mortality for the week, 2.88 per 1,000. During the same period 2 vessels were inspected and passed on arrival, 2 vessels were passed without inspection, and 2 bills of health were issued to vessels leaving this port.

Daiquiri.—Acting Asst. Surg. Juan J. de Jongh reports no death for the week. One vessel inspected and passed on arrival and 2 bills of health issued.

Respectfully,

R. H. VON EZDORF,
Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

[Inclosure.]

Port of Santiago de Cuba—Summary report for month of July, 1901.

Number of vessels inspected on arrival.....	30
Number of vessels passed without inspection.....	17
Number of vessels issued bills of health.....	35
Number of vessels disinfected	5
Number crew of incoming vessels inspected.....	1,088
Number crew of incoming vessels passed without inspection	504
Number passengers of incoming vessels inspected.....	1,009
Number passengers of incoming vessels passed without inspection.....	838
Number crew of outgoing vessels inspected.....	1,325
Certificates of vaccination issued:	
Immune	20
Nonimmune.....	78
Applicants for immune certificates rejected	29
Number persons vaccinated	3
Number of immigrants inspected.....	555
Number pieces of baggage disinfected	79
Number pieces of baggage inspected and passed.....	110
Quarantinable diseases reported	*0
Number of deaths in city.....	107

Inspection of immigrants at Santiago de Cuba during the week ended August 10, 1901.

SANTIAGO DE CUBA, August 10, 1901.

SIR: I herewith submit report of alien steerage passengers at this port during the week ended August 10, 1901. August 7, provisional flag steamship *Maria Herrera*, from San Juan, P. R., and Santo Domingo, with 12 immigrants; Spanish steamship *Euskaro*, from Liver-

pool via Spanish ports, with 7 immigrants; August 9, provisional flag steamship *Tomas Brooks*, from Kingston, Jamaica, with 23 immigrants. Total, 42.

Respectfully,

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

R. H. VON EZDORF,
Assistant Surgeon, U. S. M. H. S.

ENGLAND.

Report of the British Congress on Tuberculosis.

OFFICE OF MEDICAL OFFICER IN COMMAND,
MARINE-HOSPITAL SERVICE,
London, England.

SIR: I have the honor to make the following report of the British Congress on Tuberculosis, held in this city from July 22 to July 26, 1901, inclusive, and to which I was appointed a delegate.

Opening of the congress.

The congress was opened by a general session on the afternoon of July 22, the Duke of Cambridge occupying the chair on behalf of His Majesty the King. The delegates and members of the congress were welcomed by the various bodies of the city, and 1 delegate from each country responded. The further meetings of the congress were divided into 4 sections, to meet each morning as follows: Section 1, State and municipal; section 2, medical, including climatology and sanatoria; section 3, pathology, including bacteriology; section 4, veterinary. In addition, on each afternoon of the congress, a general meeting was held and an address delivered on some topic of common interest to the whole congress. Various forms of social diversion were provided during the week, including garden parties, receptions, and a dinner to the foreign delegates.

Professor Koch's address on tuberculosis.

The first general meeting on July 23 was addressed by Professor Koch, of Berlin, his subject being, "The fight against tuberculosis in the light of the experience that has been gained in the successful combat of other infectious diseases." He said that since the discovery of the bacillus of tuberculosis it was evident that tuberculosis was a preventable disease, and in combating it as such it would draw valuable lessons from our experience in other pestilences, for we had learned that every disease must be treated individually and measures adopted according to its special nature and etiology. An illustration of this principle is plague, where formerly the patient was considered in the highest degree a center of infection, but now only patients with plague-pneumonia are so regarded, and we know that the chief source of contagion are the rats affected with plague, and effective work could be done in exterminating rats, otherwise the chief etiological factor is not touched. Cholera offers another example, for here the chief propagator of contagion is the water, and so the water is the first thing to be considered. Hydrophobia is also instructive, for while inoculations are curative, they are not preventive of infection, and the only real way of combating this pestilence is by compulsory muzzling. Lastly, leprosy is closely akin to tuberculosis, and like it only spreads from man to man by close contact, so to combat

it it is necessary to prevent close communication of the well and sick, and so isolation is adopted.

In by far the majority of cases of tuberculosis the disease has its seat in the lungs, and has also begun there. From this it is justly concluded that the germs of the disease—that is, the tubercle bacilli must have got into the lungs by inhalation. As to the question where the inhaled tubercle bacilli have come from there is also no doubt; on the contrary, we know with certainty that they get into the air with the sputum of consumptive patients. This sputum, especially in advanced cases of the disease, almost always contains tubercle bacilli, sometimes in incredible quantities; by coughing and even speaking, it is flung into the air in little drops—that is, in a moist condition, and can at once infect persons who happen to be near the coughers, but it may also be pulverized when dried in the linen or on the floor, for instance, and get into the air in the form of dust.

The bacilli may get into other organs in the same way, but rarely. Transmission by heredity is extremely rare.

It is generally assumed that another source of infection exists in the transmission of germs from animal to man, but investigations by him have led to a contrary conclusion. Experiments were conducted by feeding tubercular-free young cattle and swine with tuberculous material from bovine and human sources, with the result that from bovine sources the animals became infected, while from human sources they remained free, and the conclusion would seem to be that human tuberculosis differs from bovine and can not be transmitted to cattle. But more important is the question as to whether bovine tuberculosis can be communicated to man, but this is impossible of absolute demonstration. As large quantities of butter and milk are consumed containing bacilli, it would seem that many cases of tuberculous affections should be caused, but from the examination of a large number of post-mortem reports, it was found that primary intestinal tuberculosis was extremely rare even in children in whom it ought to be most common.

“Though the important question whether man is susceptible to bovine tuberculosis at all is not yet absolutely decided, and will not admit of absolute decision to-day or to-morrow, one is nevertheless already at liberty to say that if such a susceptibility really exists the infection of human beings is but a very rare occurrence. I should estimate the extent of the infection by the milk and flesh of tuberculous cattle and the butter made of their milk as hardly greater than that of hereditary transmission, and I, therefore, do not deem it advisable to take any measures against it.”

The main source of infection in tuberculosis is, therefore, the sputum of patients, and to prevent this infection is our first object. Isolation is impracticable and also unnecessary. If proper precautions are taken no infection need occur, but this is difficult among the poor where there is overcrowding, bad ventilation, and often whole families are thus infected. Therefore, the first indication is to improve the social condition of the poor, and, secondly, to provide consumptive hospitals where patients in the later stages may obtain treatment gratis, and where the patient would be willing to go. England is the only country having any great number of such institutions, and the diminution of consumption in this country is probably due in a large measure to this reason. Another measure especially valuable is compulsory notification, which not only shows the number of tuberculous persons, but also where they reside, and, therefore, where disinfection and instruction are necessary. Disinfection is of the greatest importance, not only of rooms and houses,

but also of infected bedding and clothing. Education of the public is of great benefit, for it has already done much to limit infection.

On the other hand, for treatment, are the sanatoria, which have lately come into vogue, and can cure a certain number in the early stages of the disease. This number is small, however, in comparison with the whole number of infected persons, and its value should not be overestimated.

"And now, in conclusion, to glance back once more to what has been done hitherto for the combating of tuberculosis, and forward to what has still to be done, we are at liberty to declare, with a certain satisfaction, that very promising beginnings have already been made. Among these I reckon the consumption hospitals of England, the legal regulations regarding notification in Norway and Saxony, the organization created by Biggs in New York, the sanatoria, and the instruction of the people. All that is necessary is to go on developing these beginnings, to test and, if possible, to increase their influence on the diminution of tuberculosis, and wherever nothing has yet been done to pursue similar measures."

Discussion of Professor Koch's address.

It is needless to say that this address has given much ground for discussion throughout the congress. Lord Lister remarked that it would be a serious and grievous thing if it should lead to any relaxation of the efforts being made at present to provide a pure milk supply, and it should turn out that these views of Professor Koch were erroneous. He cited the instance of smallpox and cowpox and stated that while smallpox could not often be inoculated from man to cows, it was possible to inoculate monkeys from man and afterwards cows from the monkeys, and we now know that the two diseases are identical. He further said that he agreed with the speaker that further investigation was desirable. Professors Nocard, Bangs, and Sims Woodhead all agreed with Lord Lister.

Professor Brouardel's address.

The third general meeting was addressed by Professor Brouardel, of Paris, on "The measures adopted by different nations for the prevention of consumption." He pointed out the havoc that was caused by this disease and the slowness in recognizing its dangers until its infectiveness was proven by Willemin and Koch. Before this England had recognized the dangers arising from damp and dark dwellings and seventy years ago began the crusade for healthy dwellings. The grounds of prevention in all countries are identical—that is, that tuberculosis is preventable and curable. First comes legislation and the education of public opinion. Pamphlets are issued for the information of the public in England by the National Association for the Prevention of Consumption, and in Germany societies were founded for building sanatoria and popularizing sanitary ideas. Belgium has a national league against tuberculosis. Norway has voted money for the printing of a popular work on tuberculosis. In France they have collected together those who can teach, and popular lectures are given, and on every hand societies for the prevention of tuberculosis are springing up. This year 88 lectures on tuberculosis had been given to 12,000 pupils. Thus gradually in all countries the public are beginning to realize that personal care and cleanliness are necessary to obviate contagion, and are also realizing that other idea to my mind equally important, that a consumptive patient is only dangerous if

the necessary precautions are not taken around him, and if he himself does not take them to protect his relatives, friends, and fellow-workmen from contagion. The great danger is spitting, and once this disgusting habit has been suppressed, consumption will decrease rapidly. In the United States the habit is against the law, and in Sydney, New South Wales, a fine of £1 is imposed for spitting in the streets. The sputum is not dangerous if put in antiseptic receptacles, or if thrown in dry and well-lighted places it soon loses its dangerous properties; thus, more victims occur in dark and ill-ventilated houses, for here it retains its virulence a long time. Thus the importance of healthy dwellings becomes plain, and is recognized by various countries, notably England, which has several acts dealing with workmen's dwellings, and model dwellings are largely built. In Germany also an effort is being made in this direction. Belgium is also one of the most enthusiastic countries in taking up this subject, but in Denmark building societies have flourished best of all. In France also something has been done in this direction, and all authors agree that mortality is lower in these healthy houses and in the town in which they are built. Bad quarters exist in all towns, which are a hotbed of tuberculosis, and these must be found and demolished. Alcohol is another potent cause of tuberculosis, and it has been shown that the death rate is higher from this disease in the different classes of society in proportion to the amount of alcohol consumed. In scrofulous children and those reared in unhealthy dwellings the duty is to build up the body. For this purpose there are established in France and Italy and other countries, sanatoria at the seaside for such children, with good results. France has 14 such institutions that accommodate more than 2,000 children a year.

Prevention also follows the line of food, and the inspection of meat is in this direction. However, the great danger here is in the private slaughterhouses where no inspection occurs. In milk the danger is in tuberculous mastitis and here the danger can only be recognized by examination of the udders. In England it is a noticeable fact that while the deaths from tuberculosis have decreased 45 per cent in the last fifty years the deaths in children have increased 47 per cent, which is attributed to the increase of abdominal tuberculosis due to milk. Strict inspection measures are adopted in Norway, Sweden, and Denmark.

Coming to the curability of tuberculosis, we know it is curable in all stages, but especially in early stages, as is abundantly shown by post-mortem examination and the finding of cicatrices of all sizes in the lungs. For this object come dispensaries where the patient can obtain treatment in the earlier stages and receive instruction regarding measures of hygiene and feeding, and if necessary be sent later to a sanatorium. In Germany there are polyclinics for tuberculosis, in the large towns, where the patient can be treated throughout the illness or till sent to a sanatorium, and a committee connected with it looks after the patient at home, tells his wife what to do, and sees that the house is kept clean, and, as far as possible, relieves the poverty caused by the breadwinner's illness by means of a bank kept for such purposes.

The same idea was first carried out in France by Chalmette, but he went further in going and seeking out the consumptive and inviting him to come to the dispensary, and he has established a dispensary on these lines at Lille, and several others have been founded on similar lines in various parts of France.

Some patients must be sent to sanatoria, and here the principles are rest, moral and physical, stuffing, and the open-air treatment. In Ger-

many this system is carried out most enthusiastically, and there are 83 sanatoria opened already or ready to open which can accommodate 12,000 patients each year. They have been built by local insurance, by sickness banks, by the manufacturers who have combined to found sanatoria for their work-people, by parishes which have united for the purpose. There are more of the latter. In some parts a tax of from 1d. a head has been exacted. The state has also founded several sanatoria for its servants. Patients remain three months, and it is thought advisable that they return for a month's treatment the next year. The results seem satisfactory, for from 46 to 60 per cent of those who leave were able to work. Germany's example has been followed by England, Scotland, Australia, Canada, Austria, and America, also in Russia, Sweden, Denmark, Norway, Italy, and the Netherlands sanatoria are building, and in France several sanatoria have been opened. In the United States, also, wards are assigned in hospitals for the exclusive use of consumptives. From an international standpoint, it would seem that consumption can not be treated as plague and the other pestilences, but much can be done by disinfection of railroad carriages, steamboats, and hotels. In the United States hotel keepers are obliged to notify the authorities if they receive a consumptive patient, and disinfection of the room so occupied is compulsory. The minister of the interior in Germany has brought in even more stringent measures. Every doctor who attends a case of pulmonary or laryngeal tuberculosis is bound to report it in writing to the police as soon as he has made his diagnosis. After death from tuberculosis the room in which the patient has died has to be disinfected and also his belongings. Hotel proprietors, furnished housekeepers, asylums, and other public institutions are compelled to notify at once every case of tuberculous disease which arrives in their establishments.

Professor McFadyean's address.

The fourth general meeting was addressed by Prof. John McFadyean, of the Royal Veterinary College, his subject being "Tubercle bacilli in cow's milk as a possible source of tuberculous disease in man." He said that until a few days before he had not thought he would have to argue the question as to the identity of human and bovine tuberculosis, but Professor Koch's address made this necessary. He thought Professor Koch's train of reasoning appeared to be the following:

First. That the bacilli found in cases of bovine tuberculosis were much more virulent for cattle and other domestic quadrupeds than the bacilli found in cases of human tuberculosis.

Second. That this difference was so marked and so constant that it might be relied on as a means of distinguishing bacilli of bovine tuberculosis from those of the human disease, even assuming that the former might occasionally be found as a cause of the disease in man.

Third. That if bovine bacilli were capable of causing the disease in man, there were abundant opportunities for the transference of bacilli from the one species to the other, and cases of primary intestinal tuberculosis from the consumption of tuberculous milk ought to be of common occurrence, but post-mortem examination of human beings proved that cases of primary intestinal tuberculosis were extremely rare in man, and, therefore, it must be concluded that the human subject was immuned against infection with the bovine bacilli, or was so slightly susceptible that it was not necessary to take any steps to counteract the risk of infection in this way.

He thought one of these premises was ill founded and the others had

little or no bearing on the subject, and that reasonable ground remained for regarding tuberculous milk as distinctly dangerous to man. He argued that even if bovine bacilli were more virulent to cattle, and that human bacillus has little virulence, the opposite did not follow, and the probability was all the other way, for it was known that those bacteria that were common to all the domesticated animals were also pathogenic to man. As for infection from cattle to man, he quoted the post-mortem records from the hospital for sick children in London and the Royal Hospital for sick children in Edinburgh. Out of 547 cases of tuberculosis, the proportion of primary infection through the intestine was found at the former institution to be $29\frac{1}{10}$ and the latter $28\frac{1}{10}$ per cent. He hence submitted that there was strong *prima facie* evidence that animals were a possible source of human tuberculosis. He thought the diseased cows were only dangerous when the udders were affected, for it was estimated that 30 per cent of the milk cows in England were tuberculous, and only about 2.2 per cent had the udder affected. In the latter class, the milk often contained large quantities of the bacilli and the danger was greater because in the early stage such udders were quite painless and no change showed in the character of the milk. Another source of contamination of milk that could not be lost sight of was dust and dirt. As a remedy, he thought the tuberculin test impracticable, because too expensive and too disturbing to the cattle industries. He, therefore, recommended periodical inspections at brief intervals by competent inspectors. He supported also the compulsory notification of udder disease and of symptoms of tuberculosis in milked cows and the interdiction of the sale of milk from any animal suffering from tuberculous disease of the udder, or exhibiting clinical signs of tuberculosis.

Dr. Biggs on "The notification of tuberculosis."

In the section of State and municipal Dr. Biggs, of New York, presented a paper on "The notification of tuberculosis," dealing mainly with New York City, but he also mentioned that notification was also compulsory in Michigan, Buffalo, and Philadelphia. New York was the first to pass such a law in 1893, but the compulsory notification was not complete, physicians in private practice only being invited to notify. Sputum was examined free of charge and at the end of the third year 8,000 specimens per year were examined. Efforts were made to disinfect premises in which death from tuberculosis had occurred. In 1897 it was resolved by the board of health of New York that tuberculosis being a dangerous and contagious disease, every physician should report in writing as to patients suffering from that disease within one week of being called in, and a sum was appropriated for the care of poor tuberculous patients. This resolution was not strictly enforced as regards private patients, but public opinion was gradually decreasing the number of cases not notified. In consequence of these measures and the better treatment of consumptives, there has been a decrease of 30 per cent in mortality arising from tuberculosis.

Alderman Macdougall's paper on voluntary notification.

Alderman Macdougall, of Manchester, read a paper on the working of the voluntary system of notification in that city. At first it was restricted to institutions, but later, in 1900, private physicians were invited to notify, in order that—first, the assistant medical officers might visit the homes of patients and instruct the household in the precautionary measures to be adopted, leaving with them printed instructions. Second, that the nature of measures of disinfection required

might be determined. Third, that they should make inquiries into the exposure to infection of individual cases from relatives, work mates, friends, etc., and into their occupations and places of work, the various houses which they had inhabited, their physique, personal habits, etc. Fourth, that supervision might be maintained over infected households, change of address ascertained, personal precautions and household cleanliness maintained, and necessary measures of disinfection carried out from time to time. Fifth, that it might be ascertained if the required measures of disinfection were being executed. Sixth, that assistance might be given in getting bacteriological examination of sputum in suitable cases. Seventh, that information regarding households might be obtained to serve as a basis for hospital provision.

The number of cases notified from September, 1899, to March 31, 1901, had been 2,338, and of these 1,701 had been in institutions and 638 in private practice. In addition to disinfection and cleansings, notes were made of centers of infection.

Dr. M. Holmboe said that in Norway notification was limited to pulmonary tuberculosis and tuberculosis of the skin and urinary organ that could be positively diagnosed. Deaths from tuberculosis must be reported and the premises be disinfected. He thought compulsory notification was necessary to give authorities power to enforce sanitary orders. Various other members expressed their opinion, all being in favor of some form of notification, and the following resolution was passed: "That the voluntary notification of cases of phthisis attended with tuberculous expectoration and the increased preventive action which it has rendered practicable has been attended by a promising measure of success, and that the extension of notification should be encouraged in all districts in which sufficient sanitary ministration renders it practicable to adopt the consequential measures."

Prevention of tuberculosis in childhood.

Two papers on the prevention of tuberculosis during childhood were presented. One by Dr. Leon Petit, of Paris, reporting the establishment of dispensaries for children in that city and the good that had resulted. Dr. Knopf, of New York, read a paper on the State and individual prophylaxis of tuberculosis during childhood, advocating the separation of consumptives and children and the doing away of many habits tending to infect children, such as kissing and the tasting of food.

The influence of houses and aggregation.

Under the "Influence of houses and aggregation," Dr. Coates, of Manchester, reported experiments made with dust from various localities. In 23 specimens taken from dirty and infected houses, 66 per cent proved infective. In 10 clean but infected houses 50 per cent proved infective, and from the waiting room of a large consumptive hospital and a large general hospital the results were negative, but specimens from a railroad waiting room gave positive results in 2 cases. For disinfection he recommended the use of a solution of chlorinated lime, 1½ ounces to a gallon. Walls, ceilings, and floors, and all suitable articles of furniture were to be thoroughly washed with this several times. Clothing and bedding should be steamed, and wall paper in clean houses and with no sputum attached might be cleaned with bread dough.

Various members spoke of spittoons, and the general opinion seemed in favor of some form of combustible receptacle contained in a metal or porcelain carrier.

Control of meat and milk supplies.

Mr. Shirley Murphy opened a discussion on the control of meat supplies. He said there was very little new to be said on the subject. He gave a review of the measures adopted in England for the prevention of the sale of tuberculous meat, but added that there was always the possibility of a tuberculous animal being slaughtered under conditions avoiding inspection. Other speakers spoke in the same vein.

In the discussion of milk supplies, nearly every speaker took occasion to disagree with Professor Koch, and to express the opinion that tuberculous milk was dangerous to man as a food. Professor Delapine thought no animal could be declared free of tuberculosis unless the tuberculin test had been applied.

Sanatoria.

In opening a discussion on the provision of sanatoria, Sir James Creighton-Browne said that sanatoria were needed for two reasons, first to cure those affected in curable cases, and second that incurable cases might be removed so as not to be a source of infection as well as having a life prolonged and the comforts necessary to their condition. It was held that the tendency to spontaneous cures were what made sanatoria so necessary, and it ought to be brought within the limit of all classes. He thought there ought to be three classes of sanatoria, first, for the affluent; second, for the competent, and third, for the poor.

Climatology.

In opening a discussion on climatology, Dr. Theodore Williams said that in whatever climate the patient was treated the great object was to get him into the open air and to live under the most favorable hygienic conditions. The climate that best fulfills the open-air treatment need not be a very warm or a very cold one, but should be dry and stimulating, and with abundant sunshine, admitting of much exercise and producing nervous and muscular vigor. Climates might be classified as, first, marine climates, including sea voyages; second, mountainous climates, partly inland, partly marine, and third, mountainous climates. Under marine climates are the south coast stations of England and Ireland having an equable temperature and a good deal of wind with considerable rain and many rainy days. They were suitable for chronic cases and especially the strumous forms. Sea voyages were going out of vogue, partly at least, because steamers made the trip too short, and also because of the disadvantages of the close cabin and the lack of exercise and also because other methods of treatment had come into use.

Under dry warm climates are, first, the desert, giving dryness and warmth, sunshine and great radiation with the consequent great variation of day and night temperature, and the asepticity of the atmosphere. In experience these climates produce a diminution of secretion and improvement and quiescence, but seldom absolute arrest. Second, comes the warm dry climate of the Mediterranean Basin. It is cooler and more stimulating than the desert and clearer and with less fog and rain than the English-coast stations, and the cool nights are especially advantageous.

Mountainous climates are characterized by: First, diathermancy; second, asepticity, and third, by the physiological effects on the body, tanning the skin, at first quickening, then slowing the circulation, and fuller respiration accompanied by dilatation of the thorax. He gave statistics of 385 cases treated in high altitudes in various places, the

treatment averaging eleven and a half months. The results were that 173 or 45 per cent completely recovered, 77 or 20 per cent greatly improved, and 54 or 14 per cent improved, so that in all 334 improved. His conclusions as regards the effects of the high altitude on consumption are, first, that the respiration of the rarified atmosphere produces hypertrophy of the healthy lung and local pulmonary emphysema around the tuberculous lesion, giving rise in due time to thoracic enlargement; second, that it is possible the arrest of tuberculous disease is at least partly due to the pressure exercised on the tuberculous masses by the increasing bulk of the surrounding lung tissue, which, by emptying the blood vessels, promotes caseation and cretification of the tubercle; third, that these changes are accompanied by general improvement in digestion and assimilation, the cessation of all symptoms of disease, the return of normal functions by gain of weight, of color, of nervous and muscular activity, and of respiratory and circulatory power; fourth, that arrest of disease takes place in 58 per cent of tuberculization cases and great improvement in 87 per cent; that in excavation cases arrest occurs in 21 per cent, and great improvement in 61 per cent; fifth, that the climate is especially beneficial in hemorrhagic phthisis and phthisis in which hereditary predisposition is strongly marked, and is well suited to chronic tuberculosis of the lungs in general; sixth, that males and females seem to do equally well and to profit most between the ages of 20 and 30, and seventh, that the climate is contraindicated in acute phthisis, catarrhal phthisis in laryngeal phthisis, in cases of phthisis accompanied by great nervous irritability, in cases of double cavities with fibroid phthisis and in all patients whose pulmonary surface has been so much reduced from any cause that it does not suffice for complete respiratory purposes.

Dr. Burney Yeo followed on much the same lines, the objects of treatment by climate being, he stated, to arrest catarrhal conditions of the air passages, to improve nervous and circulatory tone, to increase the activity of the digestive functions and thus stimulating nutrition by promoting the desire and increasing the power to exercise, to raise the moral tone by affording a clear, bright, and cheerful environment, and to diminish by its asepticity bacteriological activity.

In conclusion, he stated that a suitable climate relieves or removes catarrhal conditions accompanying the disease in a number of cases; it raises nervous and vascular tone, it increases muscular energy and the ability as well as the desire for exercise; by rendering an open-air life possible, it increases the aëration of the lungs and diminishes the activity of bacterial agencies. It improves the tone and promotes the activity of the digestive functions.

In regard to suitable climate, he said that cases treated at the commencement of the disease, and who were otherwise in good health, may be permitted a certain amount of latitude in the choice of climate. Second, for progressive febrile cases, repose in bed or on the couch at home is the best condition practicable for the free access of air and sunshine. Third, for catarrhal cases, soothing climates like Madeira or Teneriffe are best. Fourth, for rheumatic or gouty cases of the fibroid type, dry marine climates or the desert are most suitable.

Use of tuberculin.

The discussion regarding the therapeutic and diagnostic value of tuberculin was opened by Dr. Heron, who gave a short history of it, and thought it had fallen into disuse owing to its frequent use in unsuitable cases, its administration in too large doses, neglect of the rule that a

dose should never be given until the patient's temperature has been normal for the previous twenty-four hours at least, neglect of the rule that the dose of tuberculin should never be increased, but rather diminished, when its administration has been followed by a rise of temperature, and the prejudice raised against the remedy among both medical men and patients, because of the severity of the symptoms which not seldom follow upon its use. Of 51 cases treated by him, 17 were lost sight of, and of the remaining 34, 16 were known to be well. Lupus did well up to a certain point and then relapsed. One case of lupus treated by the new tuberculin recovered permanently. Tuberculin was now known to be worse than useless in cases of mixed infection. For diagnosis, tuberculin was most valuable, making very early diagnosis possible, when the chances of recovery were best.

Professor Koch said that if the diagnostic injections were properly made in the human subject, it was a valuable method and without danger. The injections should be small enough in weak subjects; not more than $\frac{1}{10}$ mm. was enough to begin with, and no second injection should be given until the temperature was again normal. If the first injection gave a faint reaction a second injection of the same quantity frequently gave a very marked reaction. Over 3,000 cases had come under his observation, and he concluded that the diagnostic test of tuberculin was almost absolute. As a therapeutic agent he had no doubt it was of great value in early uncomplicated cases, and when used in these cases a complete cure frequently resulted. In advanced cases it was necessary that the temperature should be normal before the injections began. The treatment should be continued over a long period, if necessary, with intervals of three or four months, until they gave no reaction. In answer to a question, Professor Koch said the tuberculin was prepared from tubercle bacilli of human origin, but that the reaction was produced in both man and cattle, and though the bacilli were different they possessed a common "group" reaction.

Many members spoke for and against the use of tuberculin, but most were agreed that its diagnostic value was great and harmless, but opinion was much divided on the curative qualities.

Discussion on sanatoria.

In opening the discussion on sanatoria, Dr. Clifford Allbutt said that open-air treatment was possible at home, but was best carried out in sanatoria and had been perfected there. The coldest air possible was the best stimulant for the appetite and made forced feeding unnecessary, but it varied for different individuals. What a young man could stand was too cold for an old or a weak one. Two degrees of cure were possible in sanatoria, arrest or obsolescence; but the latter was hardly possible with the poor, requiring on the average two winters and one summer; so an economic cure was to be aimed at rather than absolute cure. Six months would be required in the majority of cases. He protested against the emptiness of mind advocated by some reformers and would give amusement and tranquil occupation.

Dr. Phillip, as a result of ten years' experience, said that each case must be treated per se; rest and exercise must be considered together and regulated by the temperature and the pulse; a full dietary was necessary, but not forced feeding. The location of the sanatorium was not dependent upon the surroundings or ground; it could not be too far from the large centers of population, and it was better if patients were treated in their native air.

Dr. Burton-Fanning presented a report of the sanatorium treatment in England, covering 716 patients from sanatoria where patients paid their way. As a result, 92 per cent gained weight; quiescence or definite recovery occurred in 25.1 per cent; of patients without fever or quickened pulse, 63.6 had quiescence or recovery.

The Röntgen ray in tuberculosis.

In discussing the use of the Röntgen ray in the diagnosis of pulmonary tuberculosis, Dr. Walsham said that in normal lungs they were quite transparent from apex to base, with the exception of a few ill-defined shadowy lines to the right of the heart. The movement of the diaphragm like a piston up and down was ordinarily equal on the two sides of the chest, but in disease was much less on the affected side, even when the disease was limited to one apex. In well-developed cases of tuberculosis the diseased areas showed as flocculent shadows punctate in parts. He would say that the rays could not decide the earliest stage of tuberculosis in the lungs, but they would definitely show tuberculosis, and that at a very early stage.

The tubercle bacillus.

Dr. Alfred Moeller, of Belzig, in opening the discussion of the morphological and physiological variations of the bacillus of tuberculosis and its relation to other bacteria resistant to acids and to the streptothrices, said that he had shown that bacteria which were acid fast were not necessarily tubercle bacilli, as, for instance, the smegma bacillus and the bacillus of avian tuberculosis. A series of bacilli resembling the tubercle bacillus had recently been found, including the butter bacillus and the Timothy bacillus. The tubercle bacilli, like all the acid fast bacilli, seemed to belong to the streptothricæ.

Resolutions adopted by the congress.

The last general meeting was held on the afternoon of July 26 and the following resolutions were adopted:

1. That tuberculous sputum is the main agent for the conveyance of the virus of tuberculosis from man to man. Indiscriminate spitting should, therefore, be suppressed.
2. That it is the opinion of this congress that all public hospitals and dispensaries should present every out-patient suffering from phthisis with a leaflet containing instructions with regard to the prevention of consumption, and should supply and insist on the proper use of a pocket spittoon.
3. That the voluntary notification of cases of phthisis attended with tuberculous expectoration and the increased preventive action which it has rendered practicable has been attended by a promising measure of success, and that the extension of notification should be encouraged in all districts in which efficient sanitary administration renders it possible to adopt the consequential measures.
4. That the provision of sanatoria is an indispensable part of the means necessary for the diminution of consumption.
5. In the opinion of this congress, in the light of the work that has been presented at its sittings, medical officers of health should continue to use all the powers at their disposal and relax no efforts to prevent the spread of tuberculosis by milk and meat.
6. That in view of the doubts thrown on the identity of human and

bovine tuberculosis, it is expedient that the government be approached and requested to institute an immediate inquiry into this question, which is of vital importance to the public health and of great consequence to the agricultural industry.

7. That the educational work of the great national societies for the prevention of tuberculosis, is deserving of every encouragement and support; it is through their agency that a rational public opinion may be formed, the duties of public health officers made easier to perform, and such local and State legislation as may be required called into existence.

8. That this congress is of the opinion that a permanent international committee should be appointed to collect evidence and report on the measures that have been adopted for the prevention of tuberculosis in different countries, to publish a popular statement of these measures, to keep and publish periodically a record of scientific research in relation to tuberculosis, and to consider and recommend measures of prevention. This congress is further of opinion that such a committee should consist of representatives to be elected by the great national societies formed for the suppression of tuberculosis and also representatives nominated by various governments. It is further of the opinion that all international committees and great national societies whose object is the prevention of tuberculosis should be invited to cooperate.

9. In the opinion of this congress, overcrowding, defective ventilation, damp general unsanitary condition in the houses of the working classes, diminish the chance of curing consumption and aid in predisposing and spreading the disease.

10. That while recognizing the great importance of sanatoria in combating with tuberculosis in countries, the attention of governments should be directed towards informing charitable and philanthropic individuals and societies of the necessity for antituberculous dispensaries as the best means of checking tuberculous disease among the industrial and indigent classes.

Respectfully,

A. R. THOMAS,

Passed Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

GERMANY.

Report from Berlin—Plague in various countries.

BERLIN, GERMANY, August 19, 1901.

SIR: I have the honor to transmit the following information obtained from the imperial health office at Berlin:

Plague.

EGYPT.—During the period from July 26 to August 2, 2 fresh cases of plague occurred at Zagazig. In Port Said also 2 plague cases were registered. The total number of plague cases recorded since April 7 amount to 101, with 42 deaths.

BRITISH INDIA.—During the week ended July 12, in the Bombay Presidency, 1,447 plague cases were recorded, with 1,105 deaths—that is to say, 56 cases and 121 deaths more than in the foregoing week. In the city of Bombay, during the week ended July 13, 78 fresh cases of plague and 79 deaths were officially registered. Besides these, 166 deaths were designated as suspected plague. The total number of

deaths amounted to 692—that is to say, 45 more than during the previous week and 34 more than the average for the three foregoing weeks.

CHINA—Hongkong.—During the four weeks from June 8 to July 6 the following plague cases were officially reported, 151, 155, 62, and 47; with 151, 152, 61, and 46 deaths. Of these 415 cases, 309 occurred in the city of Victoria and 106 in other parts of the colony. The increase of the plague in the colony is ascribed to the resistance of the Chinese population to the measures taken by the government. The Chinese detest European medical treatment and demand that dead bodies be buried according to the Chinese religious customs. More than 70,000 Chinese have already left the colony.

CAPE COLONY.—During the week ended July 13, 8 fresh plague cases were registered for the whole colony, of which 5 occurred in Port Elizabeth. On July 13 there were still 55 plague cases under medical treatment.

BRAZIL.—Of the 3 plague cases which occurred in Rio de Janeiro on July 5, 1 ended in death. It was subsequently ascertained that in the same house in which the 3 patients had lived 2 other persons died of plague in the early part of July.

Plague and cholera in British India.

In Calcutta, during the period from June 30 to July 6, 17 persons died of cholera. There occurred, also, 15 plague cases with 15 deaths.

Respectfully,

FRANK D. MASON,
United States Consul-General.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

GUATEMALA.

Reports from Livingston—Fruit port.

LIVINGSTON, GUATEMALA, *August 16, 1901.*

SIR: I have to make the following report of the conditions and transactions at this port during the week ended August 8, 1901:

Present officially estimated population, 3,000. Number of cases and deaths from yellow fever during the week, none; number of cases and deaths from smallpox during the week, none; number of cases and deaths from typhus fever during the week, none; number of cases and deaths from cholera during the week, none; number of cases and deaths from plague during the week, none; number of deaths from other causes during the week, 2. Prevailing diseases, malarial. General sanitary condition of this port and the surrounding country during the week, good.

Bill of health was issued to the following vessel: August 16, steamship *Holstein*; crew, 52; passengers from this port, none; passengers in transit, none; pieces of baggage disinfected, none.

Respectfully,

W. K. FORT,
Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON GENERAL,
U. S. Marine-Hospital Service.

LIVINGSTON, GUATEMALA, *August 22, 1901.*

SIR: I have to make the following report of the conditions and transactions at this port during the week ended August 22, 1901:

Present officially estimated population, 3,000. Number of cases and deaths from yellow fever during the week, none; number of cases

and deaths from smallpox during the week, none; number of cases and deaths from typhus fever during the week, none; number of cases and deaths from cholera during the week, none; number of cases and deaths from plague during the week, none; number of deaths from other causes during the week, none. Prevailing diseases, malarial. General sanitary condition of this port and the surrounding country during the week, good.

Bill of health was issued to the following vessel: August 22, steamship *Esther*; crew,—; passengers from this port, none; passengers in transit, none; baggage disinfected, none.

Respectfully,

W. K. FORT,
Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

HAWAIIAN ISLANDS.

Quarantine transactions on outgoing vessels.

HONOLULU, H. I., *August 19, 1901.*

SIR: I have the honor to make my report of outgoing quarantine work at this station for the week ended August 17, 1901, as follows: Steamers inspected, 1; sailing vessels inspected, 6; cabin passengers inspected and passed, 3; crew inspected and passed, 73; crew's baggage disinfected, pieces, 42.

Respectfully,

L. E. COFER,
Passed Assistant Surgeon, U. S. M. H. S.,
Chief Quarantine Officer, Hawaiian Islands.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

Quarantine on outgoing vessels discontinued.

HONOLULU, H. I., *August 17, 1901.*

SIR: I have the honor to inform you that on account of there having been no cases of plague nor of suspicious illness of rats in Honolulu for the thirty-two days ended to-day the restrictions on outgoing travel which were ordered in your letter (J. H. W., W. P. W., and E. B. S.) of June 19, 1901, have been discontinued; this action being based upon the time of termination of these special requirements being left to the discretion of this office.

Respectfully,

L. E. COFER,
Passed Assistant Surgeon, U. S. M. H. S.,
Chief Quarantine Officer, Hawaiian Islands.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

Quarantine transactions for the month of July.

HONOLULU, H. I., *August 20, 1901.*

SIR: I have the honor to transmit the following report of quarantine transactions in the Hawaiian Islands for the month of July, 1901:

PORT OF HONOLULU, INCOMING QUARANTINE.

Number of vessels inspected—

From foreign ports.....	29
From domestic ports.....	36

PORT OF HONOLULU, INCOMING QUARANTINE—Continued.

Number of passengers inspected—	
Cabin.....	1,562
Steerage.....	2,340
Number of crew inspected.....	3,507
Number of stowaways inspected.....	8
Number of sick in detention from last month.....	0
Number in detention from last month.....	24
Number of sick in detention for this month.....	1
Number in detention for this month.....	105
Number of pieces of baggage disinfected.....	278
Number of packages of freight disinfected.....	123

PORT OF HILO.

Number of vessels inspected.....	6
Number of passengers inspected.....	9
Number of crew inspected.....	85
Vessels remanded.....	0

PORT OF KAHULUI.

Number of vessels inspected.....	2
Number of passengers inspected.....	1
Number of crew inspected.....	25
Vessels remanded.....	0

PORT OF KIHAI.

Number of vessels inspected.....	0
Number of passengers inspected.....	0
Number of crew inspected.....	0
Vessels remanded.....	0

Respectfully,

L. E. COFER,

*Passed Assistant Surgeon, U. S. M. H. S.,
Chief Quarantine Officer, Hawaiian Islands.*

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

HONDURAS.

Report from La Ceiba—Fruit port.

LA CEIBA, HONDURAS, August 17, 1901.

SIR: I have to make the following report of the conditions and transactions at this port during the week ended August 17, 1901:

Present officially estimated population, about 3,000. Number of cases and deaths from yellow fever during the week, none; number of cases and deaths from smallpox during the week, none; number of cases and deaths from typhus fever during the week, none; number of cases and deaths from cholera during the week, none; number of cases and deaths from plague during the week, none; number of deaths from other causes during the week, none. Prevailing disease, malarial fever. General sanitary condition of this port and the surrounding country during the week, good.

Bills of health were issued to the following vessels: August 11, steamship *Sunniva*; crew, 14; number of passengers from this port, none; number of passengers in transit, none; pieces of baggage disinfected, none. August 14, steamship *Breifond*; crew, 15; number of passengers from this port, none; number of passengers in transit, none; pieces of baggage dis-

infected, none. August 16, steamship *Ely*; crew, 20; number of passengers from this port, none; number of passengers in transit, none; pieces of baggage disinfected, none.

Respectfully,

R. H. PETERS,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

Report from Puerto Cortez—Fruit port.

PUERTO CORTEZ, HONDURAS, August 20, 1901.

SIR: I have to make the following report of the conditions and transactions at this port during the week ended August 20, 1901:

Population, according to census of 1896, 1,856; present officially estimated population, 2,000. Number of cases and deaths from yellow fever during the week, none; number of cases and deaths from smallpox during the week, none; number of cases and deaths from typhus fever during the week, none; number of cases and deaths from cholera during the week, none; number of cases and deaths from plague during the week, none; number of deaths from other causes during the week, none; prevailing disease, malarial fever. General sanitary condition of this port and the surrounding country during the week, very good.

Bills of health were issued to the following vessels: August 14, steamship *S. Oteri*; crew, 35; passengers from this port, 15; passengers in transit, none; pieces of baggage disinfected, 23. August 16, steamship *Bratton*; crew, 15; passengers from this port, none; passengers in transit, none; pieces of baggage disinfected, none. August 17, steamship *Adria*; crew, 15; passengers from this port, none; passengers in transit, none; pieces of baggage disinfected, none.

Respectfully,

SAMUEL HARRIS BACKUS,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

ITALY.

Report from Naples—Smallpox and typhus fever.

NAPLES, ITALY, August 19, 1901.

SIR: I have the honor to report that for the week ended August 17, 1901, the following ships were inspected:

August 14, the steamship *Sicilia*, of the Italian General Navigation Company, bound with passengers and cargo for New York. There were inspected and passed 622 steerage passengers and 90 pieces of large baggage. Seven hundred and fifty pieces of baggage were disinfected by steam. August 15, the steamship *Trave*, of the North German Lloyd Steamship Company, bound with passengers and cargo for New York. There were inspected and passed 337 steerage passengers and 55 pieces of large baggage. Four hundred and thirty four pieces of baggage were disinfected by steam.

Smallpox and typhus.

During the week ended August 17, 1901, there were officially reported at Naples 119 cases of smallpox with 17 deaths, and 2 cases of typhus with no deaths.

Smallpox in Italy.

Outside of Naples, the only Southern Italian provinces in which smallpox is reported as prevalent are Avellino and Chieti, where there is a decided epidemic. In the other provinces the disease has been brought under control, so that there are a few sporadic cases only. In Sicily smallpox still continues to prevail in the provinces of Messina, Catania, Siracusa, and Girgenti.

Plague in Egypt.

Under date of August 12, 1901, there were reported to be 10 cases of bubonic plague in Egypt. Of these, 3 were at Zagazig and 7 at Port Said. Since April 7, 1901, the beginning of the present outbreak, there have been 111 cases with 46 deaths.

Respectfully,

J. M. EAGER,

Passed Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

MALTA.

Quarantine measures against infectious diseases.

[Extract from No. 33.—Publications of the imperial health office.]

BERLIN, GERMANY, *August 14, 1901.*

The governor has issued the following regulations:

A.—MEDICAL INSPECTION.

1. All vessels and passengers shall, on arrival, undergo strict medical inspection.

B.—VESSELS WITHOUT A CLEAN BILL OF HEALTH.

2. Vessels arriving from any port without a clean bill of health, unless otherwise provided for in these regulations, are allowed to enter the quarantine harbor to load under quarantine restrictions.

3. The vessels referred to in the preceding paragraph will be admitted to free pratique, when they have been admitted to free pratique at an intermediate port and disinfected there to the satisfaction of the port authorities at Malta, or, when ten days have elapsed from date of departure.

C.—INFECTED VESSELS.

4. Vessels which have, or have had, on board, during the voyage, or the preceding twenty-one days, cases of cholera, yellow fever, plague, or any disease with symptoms which, in the opinion of the chief government medical officer, resemble the symptoms of the said diseases are not allowed to enter the harbor, but may be allowed to communicate with quarantine establishments.

5. Whenever such vessels carry a recognized medical practitioner and have not actually on board a case of the diseases mentioned in the preceding paragraph, they are allowed to enter the quarantine harbor only to load under quarantine restrictions.

D.—VESSELS FROM INFECTED COUNTRIES OR PORTS.

6. Vessels with pilgrims from the east are not allowed to enter the harbor, but are allowed to communicate with quarantine establishments.

7. When such vessels carry a recognized medical practitioner and have not actually on board a case of the diseases mentioned in paragraph 4, they will be allowed to enter the quarantine harbor only to load under quarantine restrictions.

8. Vessels without clean bill of health arriving from ports in the Persian Gulf, or from Chinese, Indian, or Arabian ports, which have not been admitted to free pratique at Suez or Port Said, are not allowed to enter the harbor, but are allowed to communicate with quarantine establishments.

9. When such vessels carry a recognized medical practitioner and have not actually on board a case of the diseases mentioned in paragraph 4, they will be allowed to enter the quarantine harbor to load under quarantine restrictions.

10. When the vessels mentioned in paragraph 8 have been admitted to free pratique at Suez or Port Said, they will be admitted to free pratique at Malta.

11. Vessels arriving from Egyptian ports or from the ports in the Sea of Marmora and the Bosphorus are allowed to enter the harbor to load under quarantine restrictions, unless ten days have elapsed from date of departure, in which case they will be admitted to free pratique.

12. The restrictions imposed in the preceding paragraph shall remain in force until twenty days have elapsed from the last case of plague, cholera, or similar disease reported officially, and the removal of such restrictions will be made known to the public by a notice published by the collector of customs.

E.—PASSENGERS.

13. Passengers arriving at Malta, unless otherwise provided for in these regulations, shall be subject to the restrictions which are applicable, for the time being, to the vessels on which they arrive.

14. Passengers arriving at Malta shall, before being allowed to land, declare on oath before an inspector of marine police or other superior officer that they have not been in Egypt or in Constantinople within ten days. Whenever they do not make this declaration on oath they shall undergo quarantine for ten days.

15. Passengers arriving on vessels without a clean bill of health shall be allowed to land at the lazaretto to undergo quarantine for a period of ten days.

16. Passengers arriving from ports in the Persian Gulf or from Chinese, Indian, and Arabian ports shall be dealt with as follows:

(a) If the vessel by which they have arrived carry a recognized medical practitioner, they shall be permitted to land in free pratique, but their luggage shall not be released before disinfection in one of the quarantine establishments.

(b) If the vessel does not carry a recognized medical practitioner, they shall be permitted to land in one of the quarantine establishments, where they are to be subjected to strict medical inspection until their clothing and all other articles of personal use likely to retain infection, as well as their baggage shall have been thoroughly disinfected.

F.—GOODS.

17. The importation is prohibited of—

(a) Coffee, in beans or ground, colored with substances injurious to health;

(b) Rags;

(c) Susceptible goods which do not admit of being disinfected arriving on board the vessels referred to in sections B, C, and D;

(d) Hides from any port subject to quarantine, or from any place in which cattle disease exists;

(e) Vines, vine shoots, and fruit packed in vine leaves;

(f) Hoofs and hair, raw silk, and human hair, skins raw, fresh, or untanned, when such articles arrive from infected ports;

(g) Cotton seed arriving from countries in which anthrax is epidemic.

18. The importation is prohibited, unless the goods are accompanied by a satisfactory certificate from the British consular authority that phylloxera is not known to exist in the place of origin of:

Plants or roots from any port in the Mediterranean.

19. The importation is allowed after disinfection, of—

(a) Wearing apparel, soiled linen and clothing, articles of bedding, feathers, bones, and jute goods, whatever be the port whence such articles may have arrived.

(b) Used sacks, carpets, and embroideries which have been used, when such articles arrived from infected ports;

(c) Goods which admit of being disinfected, or are not susceptible to infection, arriving on the vessels referred to in paragraphs 2, 3, and 11.

20. Cereals imported from infected ports are to be kept for twenty-one days at the lazaretto or any other place to be appointed by the collector of customs, to be aired under the direction of the quarantine authorities.

Respectfully,

FRANK H. MASON,
United States Consul-General.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

MEXICO.

Two cases of yellow fever from steamship Mathilda at Progreso.

PROGRESO, MEXICO, August 16, 1901.

SIR: I have the honor to report that the Norwegian steamship *Mathilda*, which arrived in this port on the 6th instant from Tampico via Vera Cruz, had 1 case of yellow fever to develop aboard on the 12th. The case was diagnosed by one of the physicians of this port and the patient, a fireman, was sent to Merida to the hospital. The case was not seen by the physician until the 14th, and the patient had then been sick two or three days. On the 15th the captain brought a sailor ashore to me for medical attention, and the diagnosis in the case was yellow fever, although a mild attack. The vessel sailed for Boston on the 15th, taking the sick sailor along and leaving the fireman in the hospital in Merida. All of the particulars were entered in the supplemental bill of health, and directions given to the captain for the treatment of the sick, and I suggested that it would be well for him to put in to some national quarantine station should any more cases develop.

The vessel while in port was anchored about 2 miles offshore, and none of the men had been ashore since arrival. If the infection is to

be attributed to this port, then it will have to be charged to the mosquitoes being blown offshore by the night land breeze, and as there has been but 1 case of yellow fever in this port during the past month it is hardly possible that any infected mosquitoes from that case could be conveyed that distance. I am inclined to believe that the infection was secured in Vera Cruz, for the chance of vessels becoming infected in this port, especially those that anchor 2 or more miles offshore and keep their crew aboard, is very small.

Merida now has quite a decided epidemic of yellow fever, but this port is free from the disease so far as I can ascertain. The only case that has occurred here was in the person of a Mexican from the tablelands of Mexico. He contracted the disease in Merida, was attacked while in this port, and was discharged two weeks ago, cured. There has been no subsequent case in the house occupied by that patient, nor in the neighborhood.

Respectfully,

S. H. HODGSON,
Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

NOTE.—August 16, a copy of this letter was referred to Dr. Durgin, health officer of Boston.

Vessels inspected at Tampico for the four weeks ended August 18, 1901.

TAMPICO, MEXICO. *August 22, 1901.*

SIR: I have the honor to submit the following list of vessels inspected at this port for the four weeks ended August 18, 1901:

Steamship *Diana*, Norwegian; master, Sarebo; crew, 21; cargo, cattle; for Puerto Padre, Cuba; July 22, 1901. Steamship *Floridian*, British; master, Jinks; crew, 42; cargo, general; for New Orleans via Vera Cruz; July 24, 1901. Steamship *Newcastle*, British; master, Upson; crew, 26; cabin passengers, 1; water ballast; for Baltimore; July 26, 1901. Steamship *Bergen*, Norwegian; master, Henriksen; crew, 24; cargo, cattle; for Havana, Cuba; July 27, 1901. Steamship *Dictator*, British; master, Brown; crew, 38; cargo, general; for New Orleans via Vera Cruz; July 30, 1901. Steamship *King Gruffydd*, British; master, Smith; crew, 28; steerage passengers, 2; water ballast; to Coatzacoalcas for orders; July 30, 1901. Steamship *Matanzas*, American; master, Delap; crew, 24; cargo, general; for New York; July 30, 1901. Steamship *Chatton*, British; master, Sanderson; crew, 25; water ballast; for Pensacola; July 27, 1901. Steamship *Mathilda*, Norwegian; master, Taarvig; crew, 26; water ballast; to Vera Cruz for orders; July 30, 1901. Steamship *Niagara*, American; master, Miller; crew, 49; cabin passengers, 8; cargo, general; for New York; August 2, 1901. Steamship *Nord*, Norwegian; master, Enger; crew, 21; cabin passengers, 2; cargo, cattle; for Havana, Cuba; August 2, 1901. Steamship *Broadgarth*, British; master, Rowell; crew, 27; water ballast; for Baltimore via Cuban ports; August 2, 1901. Steamship *Newholm*, British; master, Voss; crew, 26; cabin passengers, 2; water ballast; for Baltimore; August 2, 1901. Steamship *Ethelbryhta*, British; master, Turgoose; crew, 29; cargo, cattle; to Progreso for orders; August 5, 1901. Steamship *Mexicano*, British; master, King; crew, 22; water ballast; for Philadelphia; August 7, 1901. Steamship *Diana*, Norwegian; master, Sarebo; crew, 20; cabin passengers, 3; cargo, cattle; for Havana, Cuba; August 8, 1901. Steamship *Yucatan*, American; master, Knight; crew, 60; passengers, cabin, 6; steerage,

3; cargo, general; for New York; August 9, 1901. Steamship *Bergen*, Norwegian; master, Henriksen; crew, 23; cargo, cattle; for Havana, Cuba; August 9, 1901. Steamship *Olta*, Norwegian; master, Brun; crew, 28; water ballast; to Coatzacoalcas for orders; August 10, 1901; steamship *Texan*, British; master, Lund; crew, 42; cabin passengers, 4; cargo, general; for New Orleans; August 10, 1901. Steamship *Otanes*, Spanish; master, Ozamis; crew, 32; cargo, general; for New Orleans; August 12, 1901. Steamship *Nord*, Norwegian; master, Enger; crew, 20; cabin passengers, 1; cargo, cattle; for Havana, Cuba; August 13, 1901. Steamship *Atlas*, Norwegian; master, Jacobsen; crew, 19; cargo, general and cattle; for New Orleans via Progreso; August 14, 1901. Steamship *Camperdown*, British; master, Stott; crew, 21; water ballast; to Delaware Breakwater for orders; August 14, 1901. This vessel was fumigated at this port.

Respectfully,

V. B. GREGORY,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON GENERAL,

U. S. Marine Hospital Service.

Mortality of the county of Vera Cruz from yellow fever, pernicious fever, remittent fever, and tuberculosis from January 1, 1899, to June 30, 1901.

VERA CRUZ, MEXICO, August 12, 1901.

The county of Vera Cruz, of the State of Vera Cruz, is situated on the Gulf of Mexico, with a coast line of over 100 miles and a width of from 5 to 65 miles. The county is divided into 15 municipal districts, containing 6 cities and towns, 9 villages, 101 hamlets, and over 770 farms, ranches, and groups of cottages. The last census (1900) showed a population of 102,263 as against 92,222 of the census of 1895.

The principal and most important place in the county is the port of Vera Cruz, with a population of 31,997, according to the census of 1900, as against 27,174 in 1895.

The following statistics of the deaths occurring in the county gives the causes of death and the number of each, according to months, from January 1, 1899, to June 30, 1901, of yellow fever, pernicious fever, remittent fever, and tuberculosis. (a)

WM. W. CANADA,
United States Consul.

a On account of the length of the article only these four diseases are mentioned.

Mortality of the county of Vera Cruz, etc.—Continued.

Month.	Deaths from—			
	Yellow fever.	Pernici- cious fever.	Remit- tent fever.	Tuber- culosis.
1899.				
January.....	10	34	15	.....
February.....	5	35	18	.....
March.....	7	51	18	.....
April.....	11	35	18	.....
May.....	159	64	23	.....
June.....	208	60	30	.....
July.....	113	73	45	52
August.....	72	74	36	36
September.....	39	56	42	44
October.....	18	52	45	40
November.....	6	44	25	48
December.....	9	20	26	50
1900.				
January.....	4	29	9	37
February.....	4	22	14	36
March.....	1	18	15	40
April.....	8	24	31	34
May.....	28	25	18	49
June.....	37	28	27	34
July.....	30	21	15	25
August.....	44	32	20	41
September.....	51	43	20	41
October.....	34	47	27	34
November.....	18	24	31	45
December.....	10	31	14	43
1901.				
January.....	1	33	10	47
February.....	1	24	10	38
March.....	0	30	18	65
April.....	2	20	23	43
May.....	0	22	13	41
June.....	4	31	18	40

Report from Vera Cruz.

VERA CRUZ, MEXICO, August 27, 1901.

SIR: I have the honor to submit the following report for the week ended August 24, 1901:

There were 45 deaths reported, 1 being from yellow fever. Two passenger vessels, the Spanish Transatlantic and the Ward Line, were cleared for New York via Havana, carrying 164 passengers.

Most of the baggage was found to be clean and was labeled "Inspected and passed."

I inclose the mortality report for the week.

Respectfully,

D. E. DUDLEY,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service.

[Inclosure.]

Vera Cruz, Mexico—Mortality report for the week ended August 24, 1901.

Yellow fever.....	1	Meningitis.....	2
Tuberculosis.....	10	Malarial fever.....	2
Enterocolitis.....	8	Dysentery.....	1
Gastro-enteritis.....	3	Deaths from all causes.....	45

NICARAGUA.

*Reports from Bluefields—Fruit port.*BLUEFIELDS, NICARAGUA, *August 15, 1901.*

SIR : I have to make the following report of the conditions and transactions at this port during the week ended August 14, 1901 :

Population according to census of 1894, 3,000 ; present officially estimated population, 4,000. Number of cases and deaths from yellow fever during the week, none ; number of cases and deaths from smallpox during the week, none ; number of cases and deaths from typhus fever during the week, none ; number of cases and deaths from cholera during the week, none ; number of cases and deaths from plague during the week, none ; number of deaths from other causes during the week, 6. Prevailing disease, malarial fever, not of a severe or malignant type. General sanitary condition of this port and the surrounding country during the week was not as good as usual. The 6 deaths noted herein were, respectively, due to chronic albuminuria, "inanition," "ascites," malarial fever, and 2 Chinese, cause unknown—1 white, 3 negroes, and 2 Chinese.

Bills of health were issued to the following vessels : August 8, steamship *Hiram* ; crew, 16 ; passengers from this port, 2 ; passengers in transit, none ; pieces of baggage disinfected, none. August 14, steamship *Condor* ; crew, 16 ; passengers from this port, none ; passengers in transit, none ; pieces of baggage disinfected, none.

Respectfully,

WM. H. CARSON,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

*U. S. Marine-Hospital Service.*BLUEFIELDS, NICARAGUA, *August 22, 1901.*

SIR : I have to make the following report of the conditions and transactions at this port during the week ended August 21, 1901 :

Population according to census of 1894, 3,000 ; present officially estimated population, 4,000. Number of cases and deaths from yellow fever during the week, none ; number of cases and deaths from smallpox during the week, none ; number of cases and deaths from typhus fever during the week, none ; number of cases and deaths from cholera during the week, none ; number of cases and deaths from plague during the week, none ; number of deaths from other causes during the week, 2. Prevailing diseases, malarial fever of a mild type and dysentery, both to a limited extent. General sanitary condition of this port and the surrounding country during the week has been very good. Two deaths have occurred, viz, adult negro, male, 63, in this town, from malarial fever and dysentery, and an adult "Musquito" Indian, male, 35, who died at the "bluff" opposite Bluefields from dysentery while en route from Pearl Lagoon to the hospital here, a journey of 22 miles.

Bill of health was issued to the following vessel : August 17, steamship *George W. Kelley* ; crew, 20 ; passengers from this port, 7 ; passengers in transit, none ; pieces of baggage disinfected, 14.

Respectfully,

WM. H. CARSON,

Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,

U. S. Marine-Hospital Service,

PHILIPPINE ISLANDS.

Quarantine transactions of outgoing vessels.

MANILA, P. I., July 29, 1901.

SIR: I have the honor to submit report of quarantine transactions of outgoing boats for the week ended July 27, 1901, as follows:

Number of vessels inspected.....	46
Number of pieces of baggage disinfected.....	222
Number of crew inspected.....	1,388
Number of passengers inspected.....	1,215
Number of rejections (cause of rejection, fever, 2; plague suspect, 1).....	3

FERRIES.

Number of ferryboats inspected.....	78
Number of crew inspected.....	731
Number of passengers inspected.....	7,256

VACCINATIONS (BOATS ARRIVING).

Number of vaccinations, passengers.....	393
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Respectfully,

J. C. PERRY,

*Passed Assistant Surgeon, U. S. M. H. S.,
Chief Quarantine Officer for Philippine Islands.*

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

PORTO RICO.

Report from Ponce.

PONCE, P. R., August 19, 1901.

SIR: Through the chief quarantine officer for Porto Rico, I have the honor to transmit herewith the quarantine and abstract of bills of health reports for the week ended August 17, 1901: Two vessels were inspected. The French steamship *St. Domingue*, arrived from Port au Prince, Petit Goave, Jeremie, Aux-Cayes, Jacmel, Santo Domingo, and Mayaguez, presented clean bills of health, and after the usual inspection of her passengers and crew the vessel was admitted to free pratique and her passengers permitted to land, disinfecting 11 pieces of baggage and 2 sacks of mail. The Spanish steamship *Ciudad de Cadiz*, from Havana, Port Limon, Colon, Sabanilla, Puerto Cabello, and La Guayra was held in quarantine and transacted her business while at this port under guard; no passengers for this port. Five bills of health issued during the week.

Nothing of interest in sanitary or quarantine lines has occurred.

Respectfully,

W. W. KING,

Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

Foreign and insular statistical reports of countries and cities—Yearly and monthly.

AUSTRIA—*Brunn*.—Month of June, 1901. Estimated population, 95,342. Total number of deaths, 115, including diphtheria, 2; enteric fever, 1, and 30 from tuberculosis.

BAHAMAS—*Dunmore Town*.—Two weeks ended August 16, 1901. Estimated population, 1,472. One death and no contagious diseases.

Governors Harbor.—Two weeks ended August 17, 1901. Estimated population, 1,375. No deaths and no contagious diseases.

Green Turtle Cay—Abaco.—Two weeks ended August 15, 1901. Estimated population, 3,314. No deaths and no contagious diseases reported.

Nassau.—Two weeks ended August 20, 1901. Estimated population, 12,235. No deaths and no contagious diseases reported.

CANADA—Province of Ontario.—Reports to the provincial board of health for the month of June, 1901, from 631 municipalities, having an aggregate population of 1,940,705, show a total of 1,608 deaths, including diphtheria, 34; enteric fever, 14; measles, 25; scarlet fever, 12; whooping cough, 2, and 174 from phthisis pulmonalis.

ECUADOR—Guayaquil.—Ten days ended June 22, 1901. Estimated population, 60,000. Total number of deaths, 84, including 3 from smallpox.

Eleven days ended August 7, 1901. Total number of deaths, 111. No deaths from contagious diseases.

GREAT BRITAIN—England and Wales.—The deaths registered in 33 great towns in England and Wales during the week ended August 10, 1901, correspond to an annual rate of 22.1 per 1,000 of the aggregate population, which is estimated at 11,463,026. The highest rate was recorded in Salford, viz, 34.1, and the lowest in Bristol, viz, 11.9.

London.—One thousand six hundred and thirty-six deaths were registered during the week, including measles, 40; scarlet fever, 10; diphtheria, 24; whooping cough, 19; enteric fever, 17; smallpox, 1, and diarrhea and dysentery, 367. The deaths from all causes correspond to an annual rate of 18.8 per 1,000. In Greater London 2,363 deaths were registered, corresponding to an annual rate of 18.7 per 1,000 of the population. In the "outer ring" the deaths included 3 from diphtheria, 18 from measles, 4 from scarlet fever, and 12 from whooping cough.

Ireland.—The average annual death rate represented by the deaths registered during the week ended August 10, 1901, in the 21 principal town districts of Ireland was 19.5 per 1,000 of the population, which is estimated at 1,079,708. The lowest rate was recorded in Ballymena and Sligo, viz, 4.8, and the highest in Lisburn, viz, 31.9 per 1,000. In Dublin and suburbs 166 deaths were registered, including diphtheria, 2, and 1 from enteric fever.

Scotland.—The deaths registered in 8 principal towns during the week ended August 10, 1901, correspond to an annual rate of 19.2 per 1,000 of the population, which is estimated at 1,656,525. The lowest mortality was recorded in Aberdeen, viz, 13.5, and the highest in Perth, viz, 30 per 1,000. The aggregate number of deaths registered from all causes was 613, including diphtheria, 5; measles, 13; scarlet fever, 3, and 12 from whooping cough.

HONDURAS—La Ceiba.—Month of July, 1901. Estimated population, 3,000. Total number of deaths, 5. No deaths from contagious diseases.

SPAIN—Malaga.—Month of July, 1901. Estimated population, 133,000. Total number of deaths, 349, including enteric fever, 15, and 2 from smallpox.

Valencia.—Two weeks ended August 10, 1901. Census population, 204,000. Total number of deaths, 147, including enteric fever, 5, and 11 from smallpox.

Cholera, yellow fever, plague, and smallpox, June 28, 1901, to September 6, 1901.

[Reports received by the Surgeon-General United States Marine-Hospital Service from United States consuls through the Department of State and other sources.]

[For reports received from December 28, 1900, to June 28, 1901, see PUBLIC HEALTH REPORTS for June 28, 1901.]

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Bombay.....	May 22-July 30.....	30	35	
Calcutta.....	May 19-July 27.....	27	385	
Madras.....	May 18-July 26.....	26	12	
Japan:				
Yokohama.....	July 14-July 20.....	1	1	
Java:				
Batavia.....	June 2-July 20.....	153	99	
Straits Settlements:				
Singapore.....	May 23-July 13.....	13	2	

YELLOW FEVER.

Brazil:				
Pernambuco.....	May 17-July 15.....	15	4	
Rio de Janeiro.....	May 15-July 23.....	23	53	
Colombia:				
Bocas del Toro.....	June 26-Aug. 21.....	10	1	
Costa Rica:				
Port Limon.....	July 4-Aug. 10.....	10	3	
Cuba:				
Cienfuegos.....	July 15-July 18.....	2	.....
Cumanayagua.....	Aug. 18-Aug. 24.....	1	.....
Havana.....	July 28-July 27.....	7	.....	Six from Santiago de las Vegas,
	July 28-Aug. 10.....	6	1	1 from Regla, 1 from San Antonio de los Baños, and 1 from steamship Monterey.
				From Finca Riquei a.
	Aug. 10-Aug. 17.....	1	.....
Marianao.....	July 28-Aug. 10.....	1	1	
Matanzas.....	July 21-July 27.....	1	1	
Pinar del Rio.....	July 28-Aug. 3.....	1	.....
Regla.....	.....do.....	1	1	
Jamaica:				
Kingston.....	June 15.....	.....	1	
Mexico:				
Merida.....	June 14-July 28.....	.....	8	
Progreso.....	July 22-Aug. 16.....	3	.....	Two cases from steamship Mathilda.
Tampico.....	July 26-Aug. 22.....	2	1	From steamship — from Progreso; 1 from steamship Yucatan from Vera Cruz.
Vera Cruz.....	June 23-Aug. 24.....	26	15	
Porto Rico:				
San Juan.....	July 16.....	1	.....	On steamship Saint Simon from Cape Port au Prince and Santo Domingo.
Salvador:				
San Salvador.....	June 20.....	.....	.....	Several cases.

PLAGUE.

Africa:				
Cape Town.....	Feb. 16-July 27.....	734	355	
Maitland.....	June 9-June 15.....	2	.....
Port Elizabeth.....	June 9-July 27.....	33	13	
Simonstown.....	June 9-June 15.....	1	.....
Australia:				
Brisbane.....	Mar. 1-Apr. 30.....	15	3	
Brazil:				
Rio de Janeiro.....	July 3-July 28.....	.....	6	
China:				
Amoy.....	May 26-June 1.....	.....	700	Estimated.
Canton.....	June 8.....	.....	.....	Prevailing.
Hongkong.....	May 19-July 19.....	983	955	
Shanghai.....	June 9.....	.....	1	From steamship Empress of China.
Shek Lung.....	June 8.....	.....	.....	Prevailing.
Tung Kun.....	.....do.....	.....	.....	Do.

Cholera, yellow fever, etc.—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Egypt:				
Alexandria	Apr. 7-Aug. 7...	16	9	
Mansura	do.....	1	1	
Minieh	do.....	5	1	
Port Said	do.....	9	3	
Zagazig	do.....	76	32	
France:				
Le Frioul	July 7.....	15	.....	From steamship Laos from
Hawaiian Islands:				Port Said.
Honolulu	May 31-July 17...	6	6	
India:				
Bombay Presidency and Sind:				
Northern Division—				
Bombay City	May 12-July 20...	1,301	1,148	
Surat District	do.....	445	289	
Thana District	do.....	395	361	
Central Division—				
Khandesh District	do.....	9	8	
Poona District	do.....	16	8	
Poona City	do.....	9	6	
Satara District	do.....	121	51	
Southern Division—				
Belgaum District	do.....	3,094	2,270	
Dharwar District	do.....	2,016	1,372	
Hubli Town	do.....	32	19	
Kanara District	do.....	16	9	
Kolaba District	do.....	107	82	
Ratnagiri District	do.....	110	87	
Sindh—				
Hyderabad District	do.....	1	.....
Karachi District	do.....	23	23	
Karachi City	do.....	373	350	
Political Charges—				
Baroda State	do.....	46	27	
Bhavnagar Town	do.....	1	.....
Cutch State	do.....	199	171	
Janjira State	do.....	14	12	
Kathiawar State	do.....	28	22	
Kolhapur and Southern Mahratta County.	do.....	1,369	1,048	
Outside Bombay Presidency and Sind:				
Madras Presidency—				
Salem District	do.....	67	42	
Bengal:				
Bhagalpur Division	do.....	25	24	
Burdwan Division	do.....	8	8	
Calcutta	do.....	285	278	
Chota Nagpur Division	do.....	3	1	
Orissa Division	do.....	0	0	
Patna	do.....	1,169	901	
Presidency	do.....	6	5	
Northwest Province and Oudh:				
Agra Division	do.....	3	2	
Allahabad	do.....	23	23	
Benares	do.....	.....	242	
Punjab Province:				
Delhi Division	do.....	202	129	
Jullunder Division	do.....	884	568	
Lahore Division	do.....	264	90	
Rawalpindi	do.....	1,125	650	
Mysore State:				
Bangalore City	do.....	10	10	
Bangalore Civil and Military Station.	do.....	31	24	
Bangalore District	do.....	227	183	
Kolar District	do.....	31	23	
Mysore City	do.....	289	197	
Mysore District	do.....	307	220	
Shimoga	do.....	50	32	
Rajputana State	do.....	1	.....
Tumkur District	do.....	11	9	
Kashmir	do.....	99	57	
Japan:				
Formosa	June 1-July 30...	4,274	3,385	
Nagasaki	Jan. 4-July 18...	.....	2	On steamship Kintuck and on steamship Empress of China.
Yamanashi Ken	June 22.....	1	1	
Mauritius	June 7-Aug. 8...	.....	7	

Cholera, yellow fever, etc.—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Paraguay:				
Asuncion	June 23.....	1	.....
Philippine Islands:				
Cavite	May 19-July 6...	4	1	
Cebu	July 6	2	.....
Concepcion .....	.....do	1	.....
Manila	May 11-July 13...	156	132	
Malolos	July 6	3	.....
Malabon .....	.....do	6	.....
Naic .....	.....do	3	.....
Paranaque .....	.....do	3	.....
San Antonio .....	.....do	1	.....
Santa Rosa	May 19-July 6...	2	.....
Straits Settlements:				
Singapore	July 14-July 20..	.....	1	
Turkey:				
Constantinople.....	July 2-July 28...	5	.....

SMALLPOX.

Arabia:				
Aden	May 1-May 31...	.....	4	
Argentina:				
Buenos Ayres.....	Apr. 1-May 31...	.....	387	
Austria-Hungary:				
Prague	June 2-Aug. 3...	20	.....
Belgium:				
Antwerp.....	June 2-Aug. 10...	21	10	
Brazil:				
Ceara	June 1-June 30...	.....	1	
Pernambuco	May 17-July 15...	.....	96	
Rio	May 9-July 18...	.....	206	
British Columbia:				
Victoria	June 16-June 30...	2	.....
Canada:				
Quebec Province:				
Beauce County.....	May 30-June 16...	7	.....
Beauharnois County.....	May 15-May 22...	8	.....
Brome County.....	May 15	14	.....
Chateauguay County.....	Apr. 11	2	.....
Compton County.....	July 2-July 6...	1	.....
Gaspé County.....	June 12	26	.....
Hochelaga County.....	May 24-June 24...	2	.....
Huntingdon County.....	Apr. 4	8	.....
Iberville County.....	May 14	4	.....
Jac. Cartier County.....	May 18	1	.....
Joliette County.....	June 20-June 23...	1	.....
La Prairie County.....	Mar. 2-June 10...	133	1	
Matane County.....	Apr. 10	17	.....
Missisquoi County.....	June 10	77	.....
Montreal County.....	Apr. 20	5	.....
Napierville County.....	Feb. 19	22	1	
Ottawa County.....	Mar. 8-Apr. 2...	19	1	
Pontiac County.....	Feb. 24-May 28...	44	.....
Rimouski County.....	Feb. 12-July 10...	5	1	
St. Hyacinthe.....	May 18	1	.....
Shefford County.....	May 20	3	.....
Stanstead County.....	June 10-June 25...	2	.....
Temiscouate County.....	June 4-June 17...	1	.....
Terrebonne County.....	Apr. 22-May 9...	91	.....
China:				
Hongkong	May 19-June 15...	7	5	
Colombia:				
Cartagena	July 1-July 7...	.....	1	
Panama	June 18-Aug. 19...	47	2	
Ecuador:				
Guayaquil	May 12-June 8...	7	.....
Egypt:				
Cairo	June 11-July 22...	.....	5	
England:				
Liverpool.....	June 9-Aug. 10...	8	1	
London.....	.....do	68	4	
France:				
Marseilles.....	June 1-June 30...	.....	4	
Paris.....	June 7-Aug. 10...	.....	86	
Germany:				
Berlin.....	June 18-June 29...	3	.....
Gibraltar.....	June 3-July 14...	5	.....

Cholera, yellow fever, etc.—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Bombay.....	May 22-July 30.....		41	
Calcutta.....	May 19-July 27.....		89	
Karachi.....	May 20-July 21.....	24	14	
Madras.....	May 18-July 26.....		61	
Italy:				
Milan.....	May 1-May 31.....	2		
Naples.....	June 10-Aug. 17.....	1014	186	
Japan:				
Nagasaki.....	June 11-June 30.....	2	1	
Osaka and Hioa.....	July 21-July 27.....	1		
Korea:				
Seoul.....	July 1-July 6.....		1	
Mexico:				
City of Mexico.....	June 17-Aug. 11.....	3	2	
Fuente.....	Aug. 11.....	3		
Merida.....	July 7-July 13.....		4	
Netherlands:				
Rotterdam.....	June 16-Aug. 10.....	21	2	
Philippine Islands:				
Manila.....	May 12-June 29.....	23		
Russia:				
Moscow.....	May 26-Aug. 3.....	74	29	
Odessa.....	June 2-Aug. 10.....	12	2	
St. Petersburg.....	.....do.....	27	6	
Warsaw.....	May 26-Aug. 3.....		30	
Scotland:				
Dundee.....	July 14-Aug. 17.....	14		
Glasgow.....	June 15-Aug. 9.....	47	4	
Sicily:				
Messina.....	June 9-Aug. 10.....	118	26	
Spain:				
Corunna.....	June 23-July 6.....		4	
Madrid.....	May 4-June 1.....		11	
Valencia.....	July 28-Aug. 10.....	54	11	
Straits Settlements:				
Singapore.....	July 14-July 20.....		1	
Switzerland:				
Geneva.....	June 2-June 29.....	5		
Uruguay:				
Montevideo.....	May 11-July 10.....	162	13	
Wales:				
Cardiff.....	June 9-June 15.....	2		

Weekly mortality table, foreign and insular cities—Continued.

Cities.	Week ended.	Estimated population.	Total deaths from all causes.	Deaths from—									
				Tuberculosis.	Plague.	Cholera.	Yellow fever.	Smallpox.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.	Measles.
Manchester	Aug. 10	546,494	316								3	2	5
Mannheim	do.	144,754	74							1	1		1
Messina	do.	107,000	26	2				2					
Mexico	Aug. 18	368,777	334	37					24	2			2
Monrovia	July 20	10,000	2										
Do.	July 27	10,000	2										
Montevideo	July 6	215,061	51					3					
Do.	July 13	215,061	74					2				1	
Do.	July 20	215,061	55							1		1	
Moscow	Aug. 3	1,000,000	599	2				1		3	4	7	3
Newcastle-on-Tyne	Aug. 10	214,881	115									1	1
Nottingham	do.	239,753	115							1		1	1
Nuremberg	July 27	262,600	105	12							2		5
Do.	Aug. 3	262,600	123	10							3		2
Odessa	Aug. 10	442,000	230	14				1		6	4		3
Osaka and Hiogo	July 27	245,675	115							2			
Palermo	Aug. 10	330,000	109	4						2			
Panama	Aug. 19	20,000											
Paris	Aug. 10	2,714,068	902					14		4	4	14	18
Plymouth	Aug. 17	106,000	39	1									
Port au Prince	July 22	60,000	36										
Do.	July 29	60,000	35										
Do.	Aug. 5	60,000	29										
Do.	Aug. 12	60,000	28										
Do.	Aug. 19	60,000	28										
Prague	Aug. 10	285,855	123	34							1	4	2
Puerto Cortez	Aug. 22	2,000	0										
Quebec	Aug. 17	75,000											
Do.	Aug. 24	75,000								1			
Rio de Janeiro	July 21	793,000	332	54	1		4	29		2		3	
Do.	July 28	793,000	309	50	3		3			3		2	1
Rotterdam	Aug. 3	337,177	126										
Do.	Aug. 10	337,177	167										
St. John, New Brunswick	Aug. 24	40,711	21							1			
St. John, West Indies	July 20	34,971	16										
Do.	July 27	34,971	10										
Do.	Aug. 3	34,971	17										
St. Petersburg	do.	1,248,643	1,259					2	37	11	20	23	
St. Stephen, New Brunswick	Aug. 24	3,000	1										
Santa Cruz de Tenerife	Aug. 10	33,500	12										
Santander	Aug. 12	53,574	26										
Sheffield	Aug. 10	400,000	239	20						1	1	3	7
Do.	Aug. 17	400,000	199	18						3		3	8
Singapore	July 20	97,111	240	38				1					
Smyrna	July 28	300,000	64	8						4			2
Do.	Aug. 4	300,000	96	11						7			
South Shields	Aug. 10	97,800	62	3							1	1	
Stettin	do.	210,000	210										
Stockholm	Aug. 3	232,574	91	16									1
Sunderland	Aug. 10	147,207	95										
Trapani	do.	61,437	28							1		1	2
Tuxpam	Aug. 19	13,000	3										
Utiila	Aug. 10	800	1										
Venice	do.	174,378	67	7						1			
Vera Cruz	Aug. 17	32,000	28	8			2						
Vienna	Aug. 10	1,691,996	569								9	6	5
Warsaw	Aug. 3	711,988						3	2		13	6	31

By authority of the Secretary of the Treasury:

WALTER WYMAN,
Surgeon-General U. S. Marine-Hospital Service.